Osceola County

Community Health Assessment

2012

DEFINITION OF A COMMUNITY HEALTH ASSESSMENT

....a systematic approach to collecting, analyzing, and using data and information to identify a community's priority areas for health improvement efforts.

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Osceola County Health Department

Acknowledgement:
This document was made possible by the work that went into the community health assessment process by the Osceola Health Leadership Council and the many community partners.

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Executive Summary

Osceola County ranks 23rd out of Florida's 67 counties in overall **health outcomes**. This is based on the third annual *County Health Rankings* report released April, 2012. The *County Health Rankings* health report card is produced by the Robert Wood Johnson Foundation and the University of Wisconsin's Population Health Institute. It assesses the overall health of almost all counties in the nation.

Counties are ranked on two sets of measures:

- ***Health Outcomes*** (length and quality of life)
- ***Health Factors*** (healthy behaviors; access to and quality of clinical care; social and economic factors; and the physical environment)

Osceola County's **health factors** score ranks 41st of Florida's 67 counties. This score includes measures of such behaviors as smoking, excessive drinking, obesity, inactivity, rates of sexually transmitted disease, and teen pregnancy. Access to health care, education, air quality, number of fast-food restaurants, and unemployment factors also are considered. The numbers of uninsured and unemployed are higher in Osceola than in the state overall.

A collaborative partnership (hereafter referred to as the Core Group) was formed in 2010 between the Osceola County Health Department, Community Vision, Inc., and Health Council of East Central Florida to begin a community health assessment process. This included development of a *Community Balanced Scorecard (CBSC) for Managing Public Health Strategy*. The CBSC process built upon Osceola County's three iterations over the past 10 years of Mobilizing for Action through Planning and Partnerships (MAPP). This Core Group worked closely with the Osceola Health Leadership Council to begin the process of applying strategic thinking in order to assess the community, prioritize health issues, identify resources, and take action needed to implement changes to improve the community's health.

The Core Group brought together, at the *Osceola Summit on Health 2010*, over 75 health care professionals, government leaders, non-profit leaders, service providers, business owners, faith-based organizations, grass-roots leaders, and citizens of Osceola County to begin work on the community health assessment and Community Balanced Scorecard. The *Osceola Summit on Health 2011 – The Sequel* was a follow-up in continuing the work. All during the two year process, the Core Group worked with the Health Leadership Council to present findings from the Health Summits and the ongoing work on the community assessment and CBSC. The Health Leadership Council provided input for draft documents as they were developed; participated in developing the format for the Health Summits; and provided input and approved the final CBSC.

About the Community Health Assessment, CBSC, and MAPP Processes

Osceola County's community health assessment answers the following questions:

- What are the health problems in our community?
- Why do these health issues exist?
- What factors create or determine these health problems?
- What resources are available to address these health problems?

The main objectives of the community health assessment are:

- To define a vision for the health and well-being of Osceola County
- To complete a comprehensive assessment to accurately define our health issues
- To identify key strategies to address our health issues
- To take action to create positive health outcomes

Nationally recognized models were used in the community health assessment process:

- ***Mobilizing for Action through Planning and Partnerships (MAPP)*** is structured to improve a community's public health system. It is a community-driven process of partnership development, assessment, and strategic planning, leading to an "action cycle" with evaluation to improve future plans and actions.
- ***Community Balanced Scorecard (CBSC)*** is a strategic planning and management system to align the collaborative efforts of community partners and focus them on achieving priority public health outcomes.

MAPP and CBSC are highly complementary approaches that, when used together, can reinforce each other to produce measurable improvements in the public health system and in community health outcomes. These processes will be discussed in more detail later in this document.

The CBSC enabled the health partnership to view the community through four different lenses called "perspectives." The perspectives are:

- 1.0 Community Assets
- 2.0 Community Process and Learning
- 3.0 Community Implementation
- 4.0 Community Health Status

Based on our community health assessment process, the Osceola Health Leadership Council identified these strategic objectives, built upon the four "perspectives," as our community's highest priorities for health improvement:

Table 1: 2011-2013 Strategic Objectives

Perspective	*Strategic Objectives*
1.0 Community Assets	Maximize Resources & Engage New & Existing Partners in Developing Solutions
2.0 Community Process & Learning	Improve Delivery & Quality of Healthcare Using Evidence-based Best Practices / Sustain Best Practice Programs
3.0 Community Implementation	Increase Access to a Primary Care Medical Home
4.0 Community Health Status	Reduce Diabetes and Cardiovascular Illness

Building on Success

Osceola County's first MAPP iteration was started in 2002, was updated in 2004 and again in late 2009. Community Vision brought the community's leaders together to conduct the MAPP process. Participants included the health department, health planning council, hospitals, health care professionals, government leaders, non-profit leaders, service providers, business owners, faith-based organizations, and grass-roots leaders. Together, these community partners completed three iterations of the MAPP process and developed and implemented three community strategic plans over the course of 10 years. MAPP has yielded impressive returns to the community. Data and information on the greatest needs in the county have been communicated successfully to community partners and to local and national funders.

In all three iterations of the MAPP process, **access to health care** was identified as a major strategic issue. In the first MAPP iteration in 2002, the six highest priority areas were:

- Affordable prescriptions
- Specialty physician referral system for the uninsured
- Inappropriate emergency room utilization
- Growing numbers of uninsured
- Lack of primary care services in outlying areas
- Lack of chronic care services

While the MAPP assessment data phase consistently identified barriers to care, the assessment phase also revealed solutions. Tangible results that were achieved with the first and second MAPP iterations included:

- A voluntary specialty care network, through the Council on Aging, was developed with 52 medical practitioners enrolled.
- Started a compassionate pharmacy co-op program
- Increased access to primary care with a mobile medical van
- Expanded the safety net for uninsured residents with the awarding of a federally qualified health center (FQHC) located in Poinciana and operated by the Osceola County Health Department. The health center began operations in October, 2005. This was a major accomplishment as Osceola County Health Department and community leaders used MAPP's compelling statistics to describe the magnitude of the lack of access to healthcare services so that this federal grant funding could be secured.
- Established a case management forum that included participants from the various health and social services agencies in Osceola County.

With the updated third MAPP iteration in 2009, three focus areas were identified:

- Increase access to care for the uninsured / underinsured.
- Reduce / eliminate health disparities
- Encourage and promote healthy lifestyle

Once again, the health collaborative partners used MAPP assessment data to increase the county's capacity to improve access to care. The Osceola County Health Department's (OCHD)

Administrator was able to secure approval from the Health Resources and Services Administration (HRSA) to expand the FQHC designation and turn two additional OCHD health centers into FQHCs. In addition to the original Poinciana FQHC, residents now had access to FQHC health centers located in Kissimmee and St. Cloud.

Additional tangible results have occurred based on the needs identified and verified through MAPP; the 2010 and 2011 Health Summits; and the CBSC process. OCHD has been able to secure various grant funding sources to help improve access to primary care services for Osceola County's disadvantaged population. Much of this funding was available only to FQHCs; OCHD had access as a result of its FQHC designation awarded in 2005, which is a tangible result of the MAPP process. Grant funding awards include the following:

GRANT FUNDING FOR FQHC-DESIGNATED ENTITIES

HRSA / Bureau of Primary Health Care – Increased Demand for Services - 2009: $391,192

- OCHD increased access to primary care services at its FQHC health centers, including additional medical providers, support staff, and expanded evening and Saturday hours.

Florida Department of Health (FDOH) - Expanding Access to Primary Care through the Federally Qualified Health Center Expansion Act - 2009-2010: $345,210

- OCHD created an Emergency Room Diversion program, based on one of MAPP's highest priorities, i.e. inappropriate emergency room utilization. The program provided a primary care referral source to OCHD's FQHC health centers for those individuals with ambulatory care sensitive conditions that could be treated more appropriately, and at less expense, in a primary care setting compared to the ER.

FDOH Expanding Access to Primary Care for FQHCs - 2011- 2012: $114,723

- OCHD used this funding to expand dental services to include a dental hygienist at the OCHD Poinciana FQHC health center's dental office.

HRSA Capital Development Grant - 2010: $8.3 million

- This was the largest HRSA award in Florida during this funding cycle for facility improvement projects.
- OCHD is using the funding to build a permanent structure for Poinciana's health center (which currently is a modular facility), and for facility improvements at the Kissimmee and St. Cloud health centers.

HRSA / Bureau of Primary Health Care New Access Point – Intercession City - 2012: $900,000

OCHD, through its FQHC network, was awarded a New Access Point (NAP) grant award as of June 14, 2012. The NAP site, West Osceola Community Health Center, will be located in Intercession City to provide greater health care access for residents, as well as those in neighboring Campbell. The new center is scheduled for opening October, 2012. Land for the center is being provided by Osceola County government.

Health care services will include primary care medical and dental; behavioral health and substance abuse services (provided by Park Place Behavioral Health Center); case management; health education; and community outreach projects.

The $900,000 funding is allocated through 2013 for start-up operational costs and staffing for the initial 18-month period. After this initial funding period, OCHD will have the opportunity to receive ongoing federal funding support of $650,000 annually for the NAP center operations.

The Intercession City / Campbell area has been identified as an Enterprise Zone which has qualified it for monies through a Community Block Development Grant. Osceola County government is allocating $125,000 toward area revitalization. The opening of the NAP center will greatly contribute to this effort.

GRANT FUNDING FROM OTHER SOURCES

FDOH Community-Based Dental Facility Project - 2010-2011: $100,000

- OCHD equipped existing space at the Poinciana FQHC health center for a new dental facility. This has enabled OCHD to improve access to oral health services for the majority health disparate, disadvantaged population in the Poinciana service area.
- During the first year OCHD provided access for 2,494 new dental patients that most likely would not have been able to see a dentist or would have had to travel a greater distance to be seen. There were 5,572 dental visits for these patients.
- To facilitate greater access, dental hours were expanded as of May 2012 to include Saturdays, 8am-2:30pm.
- Providing greater access to acute and preventive oral health services also will help improve the community's health status indicators as dental will refer their patients to health services in a primary care medical home setting within the same Poinciana FQHC facility.

Agency for Health Care Administration - Enhanced Primary Care Funding - Low Income Pool - 2010-2013: $1.1 million

- This funding was used to expand primary care access at OCHD's FQHC health centers and to establish an OCHD-operated ER Diversion primary care clinic co-located on-site at Osceola Regional Medical Center, in space provided by the hospital. Individuals seeking care at the ER for certain ambulatory care sensitive conditions that could be more effectively managed in a primary care setting, are triaged from the ER to OCHD's *Connect-to-Care* clinic. Once treated, these patients will be scheduled for follow-up appointments and ongoing care at an OCHD/FQHC network health center location.
- The cost of providing primary care services in a medical home setting is a fraction of the cost of providing similar services in the ER. The average ER charge in Florida for an ambulatory care sensitive condition is approximately $1,253 for pediatrics and $2,936 for adults.[1] At OCHD/FQHC, the medical cost per medical visit is $116.92.

[1] AHCA Primary Care Access Networks, Annual Report February 2009

- Having the Connect-to-Care program helps to ensure patient health status outcomes will be improved based on increased accessibility to high quality evidence-based health care services that are focused on prevention of complications from and/or stabilization of their chronic disease; health education; and psychosocial.

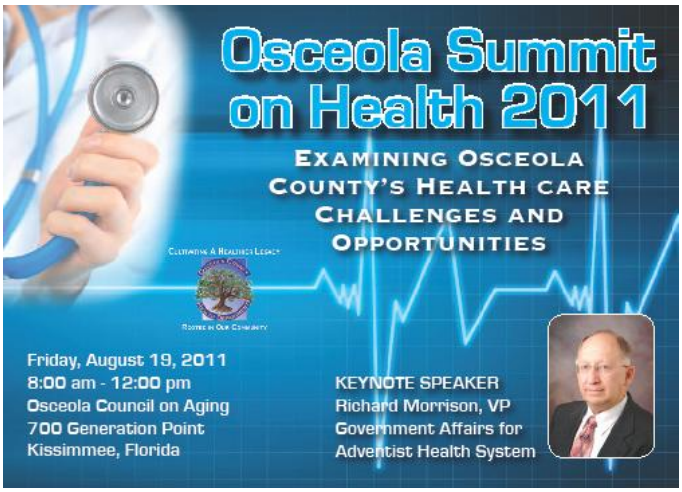
Buenaventura Lakes Primary Care Clinic

Osceola County Government was awarded a 2011 Community Development Block Grant, part of which was used for the development of a primary care clinic located in Buenaventura Lakes. Osceola County Government is providing grant-funded support to OCHD to operate the primary care clinic during the evenings and on Saturdays, which will provide greater access to primary care services. The clinic opened August 24, 2012.

MOBILIZING THE COMMUNITY – *IN SUMMARY*

Osceola County is a community with a multitude of health issues and an impressive history of coming together to address them. The community has greatly benefited from the tangible results that have occurred based on the needs identified and verified through three iterations of the MAPP process; the 2010 and 2011 Summits on Health; and the ongoing CBSC process.

Collaboration is the essential key in our ability to ensure that gaps in health care and other services are addressed. Combined effort of all stakeholders, including government, healthcare, social services, non-profits, grass-roots, faith-based, and business, also will enhance our community's ability to address the social determinates that impact health. These social determinants include housing, employment, a clean environment, the built environment, transportation, and accessible means of purchasing healthy foods. By utilizing all our county resources, we can ensure better outcomes from health interventions, which lead to making **Osceola County a healthier place to live, learn, work, and play.**



As the keynote speaker at the *Osceola Summit on Health 2011 – The Sequel*, Richard Morrison, VP Government Affairs for Adventist Health System, laid the foundation for key discussions on how we can join forces to address our community's health. "I am not pandering when I say Osceola County will be the model for addressing these very complex issues," stated Morrison. "There will be little help from the outside, including government at every level. Communities that know how to collaborate will be more successful in finding solutions. And, Osceola County agencies are strides ahead of others in their ability to come together," Morrison added.

Osceola County – Community Profile

INTRODUCTION

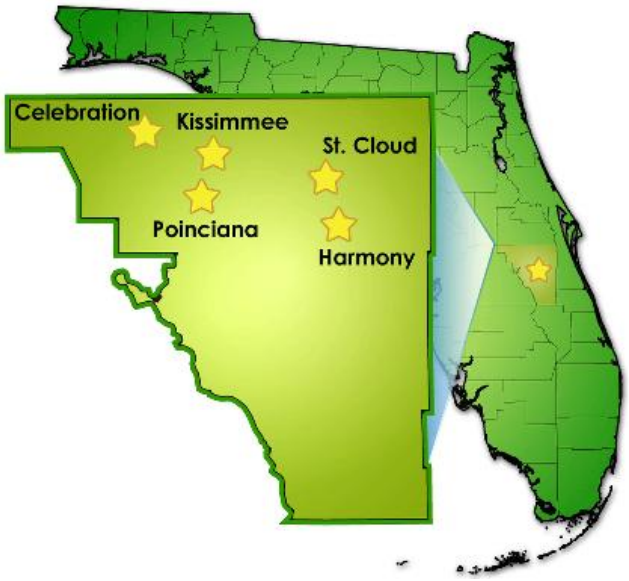
The health of a community is influenced by many interwoven factors, such as demographic, social, economic, and environmental issues. Health status outcomes and how healthcare services are utilized can vary widely between different population subsets, including age groups, races, ethnicities, and genders, as well as education and income levels. This section of the Community Health Assessment provides an overview of the population demographics and socio-economic characteristics that make Osceola County the unique place it is to live, learn, work, and play.

OSCEOLA COUNTY

Created in 1887, Osceola County is a 1,506 square mile area that serves as the south/central boundary of the Central Florida greater metropolitan area. It is the sixth largest county in land mass in the state of Florida. The county was named after the Indian leader, Chief Osceola.

The estimated 2011 population was 276,163. [2]

While much of the county is a vast, sparsely populated rural expanse, the majority of the population is in the urban/suburban areas in the northwest quadrant of the county which includes Kissimmee, St. Cloud, Poinciana, and Disney's planned community of Celebration.



Originally known for its ranching and citrus industries, Osceola County has grown substantially in the area of tourism since the 1971 opening of Walt Disney World, which borders the Osceola and Orange County line. The county hosts from five to six million overnight visitors each year, with approximately 100,000 visitors staying in the county on any given night. Nearly 27 percent are international visitors, primarily from Canada, the United Kingdom, and Brazil. [3]

[2] U.S. Census Bureau

[3] Destination Osceola 2022 – Strategic Plan, February 2012

DEMOGRAPHIC CHARACTERISTICS

Osceola County experienced a 61% growth in population from 2000 to 2011. The estimated 2011 population was 276,163. The three largest municipalities had tremendous population growth over the past decade; Kissimmee 25%; St. Cloud 75%; and Poinciana 290%.[4]

Age Groups

The 2010 population estimate for Osceola County by age group, compared to Florida, is illustrated in *Figure 1* below. After the 0-18 year age group, the highest percentage of Osceola County residents is in the 35-49 year age range. Osceola County has a lower percentage of residents in the 65+ age range, 11%, as compared to Florida, 17%.

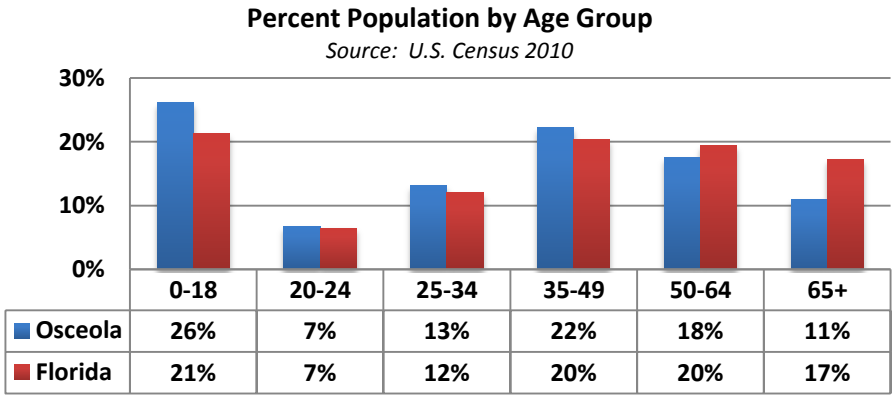


Figure 1: 2010 Population by Age Group

Race and Ethnicity

Based on the 2010 Census data, as illustrated in *Table 2*, Osceola County has a greater Hispanic population subset as compared to the state and nation. Within Osceola County, both Kissimmee and Poinciana's majority population is of Hispanic ethnicity. Osceola County's Black / African American population is lower than both the state and nation. However, when the Hispanic and Black / African America populations are combined, they represent a majority population for both Kissimmee and Poinciana (71% and 76% respectively). This fact is important in that these are population groups considered to be at risk for suffering greater health disparities. Osceola's Asian population is comparable to Florida and slightly lower than the US.

Table 2: Race & Ethnicity Characteristics – 2010

				Within Osceola County		
	US	Florida	Osceola	Kissimmee	Poinciana	St. Cloud
White (non-Hispanic)	63.4%	57.5%	39.6%	26.2%	22.6%	62.1%
Black / African American	13.1%	16.5%	12.8%	12.4%	24.5%	5.8%
Asian	5.0%	2.6%	3.0%	3.4%	0.4%	1.7%
Hispanic Ethnicity	16.7%	22.9%	46.3%	58.9%	51.2%	29.2%

Data Source: US Census Bureau, 2010

[4] US Census Bureau, 2010

Cultural and Linguistic Considerations

Osceola County has a 44% rate of "Percent of Population Linguistically Isolated (persons over 5 years who speak a language other than English at home);" this rate is appreciably higher than the state (27%) and national (20%). The rate increases to 57% for Kissimmee and 53% for Poinciana. [5] Eleven percent of Osceola County residents indicated language barriers or cultural differences made it difficult for them to get medical care in the past year; this is the highest rate in the east Central Florida region (7%).[6] Twenty-six percent of clients served at OCHD's FQHC health center network are *"better served in a language other than English,"* compared to 21% for other Florida FQHC grantees and 23% for national FQHC grantees.[7]

Socio-Economic Characteristics

Primary socio-economic indicators that can impact health for county, state, and national are presented in the table below. Osceola County has a mean (average) household income that is $10,390 lower than the state average and $16,772 lower than the national. The county's median household income also is lower. However, the percentage of those living below the Federal Poverty Level (FPL) in Osceola County is similar to the national rate and slightly lower than the state rate.

Table 3: Socio-Economic Snapshot – 2010

	Osceola	Florida	US
Per capita income	$17,600	$24,272	$26,409
Mean (average) household income	$51,487	$61,877	$68,259
Median household income	$42,413	$44,409	$50,046
Persons living below poverty	15.9%	16.5%	15.3%
Persons > 25 yrs. with high school diploma	84.4%	85.3%	85%
College graduates (Bachelor's or higher)	18.3%	25.9%	27.9%
Mean (average) travel time to work in minutes	30.2	25.7	25.2

Data Source: US Census Bureau, 2010 American Community Survey (ACS)

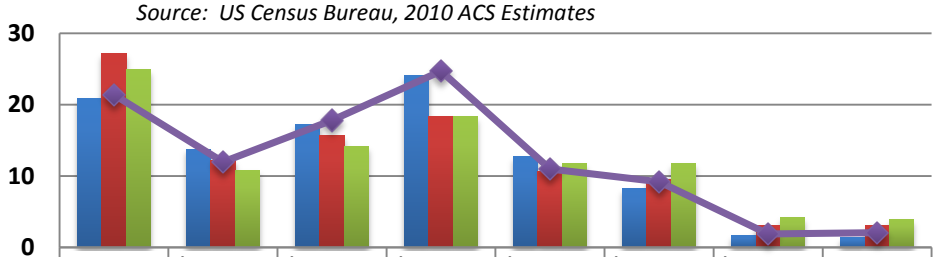
[5] US Census Bureau, 2006-2010 Quick Facts
[6] 2009 Community Health Assessment
[7] Uniform Data System (UDS) 2011

Income

As shown below in *Figure 2: Household Income*, during 2010 Osceola County had more households in the middle income range from $25,000 to $99,000 than both state and national averages. Conversely, Osceola County had fewer households than both state and national averages for higher income levels of $100,000 and above. As for households with income levels less than $25,000, Osceola County fared better than both state and national averages. Households with total incomes between $50,000 and $74,999 made up the largest percentage of household incomes for Osceola County during 2010. Data for year 2007 income levels are included (for Osceola only) as a comparison prior to the severe economic downturn in 2008.

Percent of Households by Household Income - 2010

Source: US Census Bureau, 2010 ACS Estimates

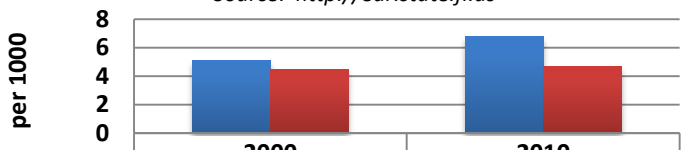


	<$25K	$25,000-$34,999	$35,000-$49,999	$50,000-$74,999	$75,000-$99,999	$100,000 $149,000	$150,000 $199,999	>$200K
Osceola County	20.9	13.8	17.3	24.1	12.7	8.3	1.7	1.4
Florida	27.2	12.2	15.7	18.3	10.7	9.6	3.1	3.1
United States	24.9	10.8	14.2	18.3	11.8	11.8	4.2	3.9
2007 Rates - Osceola	21.4	12	17.8	24.7	11	9.2	1.9	2.1

Figure 2: Household Income

Personal Bankruptcy Filings - 2000 & 2010

Source: http://edr.state.fl.us



	2000	2010
Osceola County	5.09	6.78
Florida	4.45	4.67

Figure 3: Personal Bankruptcy Filings

Personal Bankruptcy Filings

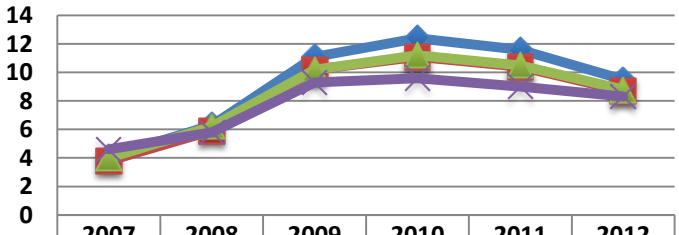
- Osceola County's rate of personal bankruptcy filings increased from 5.09 per 1,000 population in 2000 to 6.78 in 2010.
- Osceola County's rate is higher (worse) in both measurement periods than Florida's rate.
- Of note, these data, reported July 2012 by the Florida Legislature Office of Economic and Demographic Research, did not include Miami-Dade County.

Labor Force and Employment

In 2007 and 2008, the unemployment rate in Osceola County was comparable to the surrounding metropolitan statistical area, Florida, and the nation. Osceola County's rate rose sharply in 2009 to a percentage point higher than the other areas, and has remained the highest for each successive year. Osceola County's rate was 9.5% for July 2012. *Figure 3: Unemployment Rates* (below) illustrates the average annual unemployment rate.

Percent Average Annual Unemployment Rate

Source: FRED Economic Data, https://research.stlouisfed.org



	2007	2008	2009	2010	2011	2012
Osceola County	4.1	6.3	11.1	12.4	11.6	9.5
Metro Statistical Area	3.8	5.9	10.2	11.1	10.4	8.7
Florida	4	6.2	10.2	11.2	10.5	8.8
United States	4.6	5.8	9.3	9.6	9	8.3

*Metropolitan Statistical Area for Orlando, Kissimmee, and Sanford

Figure 4: Unemployment Rates

Table 4: Top Ten - Local Industry	Osceola	Florida	US
Arts, entertainment, recreation, accommodation, food services	23.1%	11.5%	9.2%
Educational services, health care, social assistance	17.1%	21.4%	23.2%
Retail trade	15.5%	13.5%	11.7%
Professional, scientific, management, administrative, waste management	10.6%	12.1%	10.6%
Construction	6.9%	6.6%	6.2%
Transportation, warehousing, utilities	6.7%	5.1%	4.9%
Finance, insurance, real estate, rentals, leasing	5.2%	7.7%	6.7%
Public administration	4.2%	5.0%	5.2%
Manufacturing	3.8%	5.5%	10.4%
Other services, except public administration	3.1%	5.5%	5.0%
Data Source: US Census Bureau, 2010 American Community Survey (ACS)			

As shown above in *Table 4: Top Ten - Local Industry*, 23.1% of Osceola County residents are employed in the arts, entertainment, recreation, accommodation, and food services category, which is considerably higher than the state and national rates. Another 15.5% are employed in retail trade. These two industries account for 38.6% of employment and correlates with the area's large tourism industry. Osceola County hosts from five to six million overnight visitors

each year, with approximately 100,000 visitors staying in the county on any given night.[8] The high rate of Osceola County residents employed in industries that typically offer inadequate or no health insurance coverage, along with the decline in tourism during the nation's economic recession, has likely had a negative effect on the uninsured rate. This fact subsequently impacts the county's identified strategic priority of **access to healthcare**.

Social Benefits and Public Assistance

As shown in *Table 5: Social Benefits & Public Assistance*, Osceola County had the highest percentage of residents getting Food Stamps / SNAP benefits during 2010 than the state or nation. Slightly more Osceola County residents received cash public assistance income than the state; Osceola's rate was almost even with the national rate. Osceola County had more residents getting Supplemental Security Income than the state and nation.

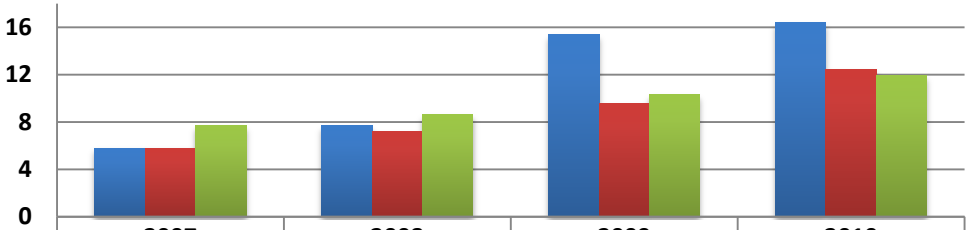
Table 5: Social Benefits & Public Assistance - 2010			
Household Income & Benefits that included:	**Osceola**	**Florida**	**US**
With Supplemental Security Income	5.4%	4.7%	5.1%
With cash public assistance income	2.6%	2.0%	2.9%
With Food Stamp / SNAP* benefits in the past 12 months	16.4%	12.4%	11.9%
Data Source: US Census Bureau, 2010 American Community Survey (ACS)			

*Supplemental Nutrition Assistance Program (SNAP)

Osceola County remained fairly consistent with the state and national rate of residents receiving food stamps / SNAP benefits during 2007-2008. Osceola was sharply higher (worse) than the state and nation in 2009, which was twice the rate of the previous year. Osceola remained worse than the state and nation in 2010.

Annual Increase in Percent Food Stamp/SNAP Benefits 2007-2010

Source: US Census Bureau, American Community Survey (ASC)



	2007	2008	2009	2010
Osceola County	5.8	7.7	15.4	16.4
Florida	5.8	7.2	9.6	12.4
United States	7.7	8.6	10.3	11.9

Figure 5: Increasing Food Stamp/SNAP Rates

[8] Destination Osceola 2022 – Strategic Plan, February 2012

Free or Reduced School Lunch

The percentage of students eligible for the free or reduced-price lunch program provides a proxy measure for the concentration of low-income students within a school district. While the three-year trend for Osceola schools decreased slightly from school year 2008-2009 to 2010-2011, the county has been higher (worse) each year than the state and national rate. In fact, Osceola County had the largest ten-year percentage gain of any county in the state, from 44.2% in 1998-1999 to 63% in 2007-2008.[9]

Table 6: Free or Reduced School Lunch Program Grades K-12 Percent of Students Participating

	2008-2009	2009-2010	2010-2011
Osceola County	65.1%	64.3%	63.1%
Florida	49.6%	53.5%	56.0%
United States	43.6%	45.7%	48.0%

Data Source: http://www.fldoe.org/eias

Poverty

A study published in 1997 showed that if poverty were considered a cause of death in the U.S., it would rank among the top 10 causes.[10] The *2012 County Health Rankings*, a nationwide report compiled by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, indicates key reasons poverty is so detrimental to health include that individuals in poverty are at greater risk of not having health insurance and not being able to pay for medical care, as well as not being able to afford healthy food, safe housing, or adequate access to other basic goods.

Table 7: Percentage of Families & People Whose Income in Past 12 Months is Below Poverty Level (5-year estimated rates)

	All families	All families w/ children ≤ 5 yrs of age	Families w/ female head of household (no husband present)	All people	All people ≥ 65 yrs of age
Osceola County	10.7%	13.6%	23.7%	13.3%	9.9%
Florida	9.9%	16.8%	25.9%	13.8%	9.9%
United States	10.1%	17.1%	28.9%	13.8%	9.5%

Data Source: US Census Bureau, American Community Survey 5-year Estimated, 2006-2010

As illustrated in the table above, Osceola County is comparable to the state and national rates in three of the measures, including all families, all people, and all people 65 years and older. Osceola County's poverty ranking for families with female head of household with no husband present is lower (better) than both the state and national rate. According to the *2012 County Health Rankings*, the measure for children in poverty captures an upstream indication of poverty that assesses both current and future health risk. Osceola's poverty rate for all families with children less than five years of age is less (better) than both the state and national rates.

[9] Florida Department of Education, EIAS Publications – 2009

[10] Krieger N, Williams DR, Moss NE. Measuring Social Class in US Public Health Research; Annual Review of Public Health. 1997

Homelessness

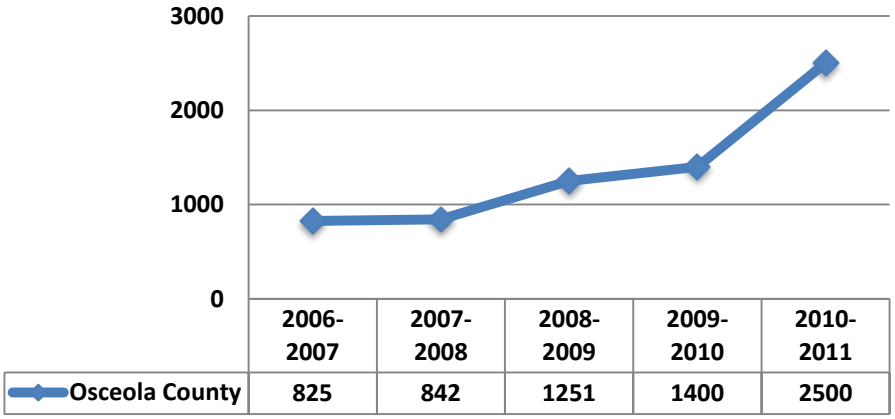
With the number of Osceola County's home mortgage foreclosures increasing, more residents are becoming homeless. Foreclosures increased by 624% from 2005 to 2009; which amounted to approximately 2,000 to 11,500 foreclosures.[11]

Data show the number of homeless children is increasing at a steep rate. Osceola School District's *Families in Transition* program, which assists homeless families, had nearly 1,500 children in the program when school started in 2011. There are currently more than 2,600.

Estimates are that 750 school children live in the 67 motels that line Highway 192, which is the major highway through Kissimmee leading into Walt Disney World.[12] These homeless school children and their younger siblings not yet in school, are suffering immeasurably from the complications of socializing and learning caused by homelessness. School readiness for the younger siblings is being severely hampered with families trying to survive from day to day.

Homeless Children

Source: http://FCIR.org/2012/02/12-poverty-homelessness



	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
Osceola County	825	842	1251	1400	2500

Figure 6: Homeless Children

Education

As documented in the national *County Health Rankings* report, the magnitude of education's effect on health outcomes is substantive and statistically significant. Several theories attempt to explain this correlation, including that education often results in higher incomes; access to health care is linked to jobs requiring a certain level of education; and health literacy levels, which helps explain an individual's health behaviors and lifestyle choices, is higher based on education. Adults with less than average health literacy are more likely to report their health status as poor.[13]

[11] Osceola County Clerk of Courts

[12] *Osceola Motel Families: New Face of Homeless Kids in Florida; Orlando Sentinel, May 26, 2012*

[13] RWJF Commission to Build a Healthier America; 2009, Issue Brief 6

Shown in *Table 8* below, the percent of residents 25 years or older that either graduated high school, attended college without graduating, or has an associate's degree is higher for Osceola County than the surrounding counties, state, and national rates. Conversely, Osceola County ranks much lower than the other areas in the percent of residents with a Bachelor's degree and/or a graduate or professional degree.

Table 8: Educational Attainment
Percent of Population 25 Years & Older

	High School	Some college, no degree	Associate's degree	Bachelor's degree	Graduate or professional degree
Osceola County	35.2%	21.1%	9.8%	13%	5.3%
Metro Statistical Area*	28.9%	20.9%	9.6%	19%	8.9%
Florida	30.3%	20.6%	8.5%	16.8%	9.1%
United States	29%	20.6%	7.5%	17.6%	10.3%

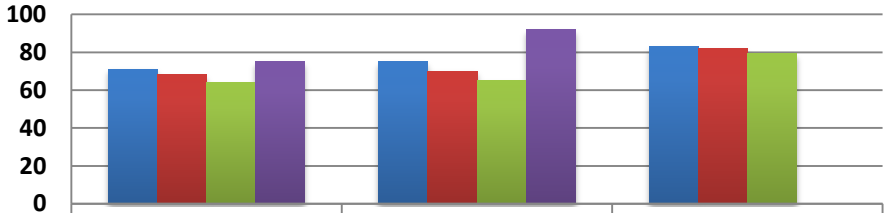
Data Source: US Census Bureau, American Community Survey 5-year Estimated, 2006-2010

* Metropolitan Statistical Area for Orlando, Kissimmee, and Sanford

Since an individual's educational attainment has a strong correlation with their future health status, one of the *County Health Rankings* measures for *"Health Factors"* is *"High School Graduation Rates."* This is measured as the percent of the ninth grade cohort that graduated within four years. As shown below in *Figure 5: High School Graduate Rates*, Osceola County's three-year trend has improved from 71% in school year 2009-2010 to 83% for 2011-2012. Although worse than the national benchmark, Osceola's three-year trend is better than both the regional average and the state.

Percent of High School Graduation

Source: County Health Rankings



	2009-2010	2010-2011	2011-2012
Osceola County	71	75	83
Regional Average*	68	70	82
Florida	64	65	79
National Benchmark**	75	92	

Figure 7: High School Graduation Rates

*Regional Average is a rate of comparison that includes Orange, Polk, Brevard, and Seminole counties.

** National Benchmark is the County Health Rankings measurement methodology set at the 90th percentile. Only 10% of counties nationwide are better than the measure.

MOBILIZING FOR ACTION THROUGH PLANNING & PARTNERSHIPS (MAPP) is a process to improve a community's health. It is a community-driven process of partnership development, assessment, and strategic planning. This leads to an "action cycle" with evaluation to improve future plans and actions. Osceola County has been through three iterations of the MAPP process over the past 10 years, each building upon the previous one. The MAPP processes have been facilitated by Osceola County Health Department and Health Council of East Central Florida and hosted by Community Vision. The Osceola Health Leadership Council has had a key role in the MAPP processes.

MAPP is not focused on individual agencies, rather on the local public health system as a whole. MAPP was developed through collaboration between the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC).

The ***COMMUNITY BALANCED SCORECARD*** (CBSC) is a strategic planning and management system to align the collaborative efforts of community partners and focus them on achieving priority public health outcomes. MAPP and CBSC are highly complementary approaches that, when used together, can reinforce each other to produce measurable improvements in the public health system and in community health outcomes.

THE MAPP MODEL

CBSC COMPONENTS
(Outer circle has 4 public health perspectives)

SIX MAPP PHASES

1. Organize/Partnership Development
2. Visioning
3. Four MAPP Assessments
4. Identify Strategic Issues
5. Formulate Goals & Strategies
6. Action Cycle – Plan, Implement, Evaluate

CBSC Elements

- Building Community Assets
- CBSC Vision
- Four Perspectives
- Select Issues for Strategy Mapping
- Strategic Objectives & Strategy Maps
- Initiatives, Performance Measures, & Targets

Figure 8: How MAPP & CBSC Interrelate ***(graphic representation compliments of the Results That Matter Team)***

CBSC strengthens the MAPP process, and MAPP makes CBSC more effective. CBSC improves the use of MAPP assessments; provides stronger focus of MAPP strategies and plans; increases partner commitment and accountability in the action cycle; and increases the rigor of evaluation.[14]

The CBSC concept enabled Osceola's health partnership to view our community through four different lenses called "perspectives" that are arranged in an ascending logical progression. The arrows demonstrate the assumed cause-and-effect logic of a CBSC from the bottom (causes or drivers) to top (results or outcomes). By looking backward on the ***four CBSC perspectives*** from the ultimate goal to the foundation of the system, there is evidence of a logical progression:

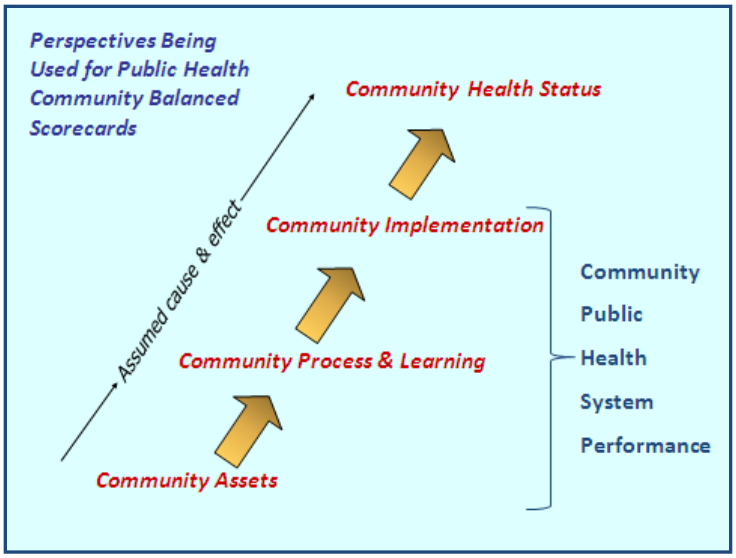


Figure 9: Community Balanced Scorecard (CBSC) Concept, Results That Matter Team, Epstein & Fass Associates

Community Health Status includes population health outcomes, *which are improved by:*
Community Implementation including improvements in service quality and access, enforcement, investigation and response to threats, and health promotion *which are made more effective by:*
Community Process and Learning including improvements in policies and plans, evaluation, health status monitoring, evidence-based research, and the MAPP process, *which are made more effective by:*
Community Assets including improvements in engagement of community members and public health partners; public health workforce competence, system and organization capacity; and development of resources.[15]

MAPP Phases and the CBSC

MAPP Phase 1: Organize for Success / Partnership Development

To build upon the latest iteration of the MAPP process in 2009, a collaborative partnership (hereafter referred to as the Core Group) was formed in 2010 between the Osceola County Health Department, Community Vision, Inc., and Health Council of East Central Florida to begin a community health assessment process. This included development of a *Community Balanced Scorecard (CBSC) for Managing Public Health Strategy*. Using the CBSC process helped further build upon the partnerships that had been developed and the rich information gained from the

[14] Results That Matter Team, Epstein & Fass Associates
[15] Excerpt from presentation by Results That Matter Team, Epstein & Fass Associates

MAPP assessments. The Core Group worked closely with the Osceola Health Leadership Council to begin the process of applying strategic thinking in order to assess the community, prioritize health issues, identify resources to address them, and take action needed to implement changes to improve the community's health.

How the CBSC Relates to MAPP Phase 1:

- MAPP Phase 1 also identifies and begins developing *"Community Assets"* for the Community Balanced Scorecard (CBSC).

MAPP Phase 2: Visioning

The second phase of MAPP is visioning. The shared vision is used to guide the community through the collaborative MAPP process, leading to the development of common values.

How the CBSC Relates to MAPP Phase 2:

- The same community health vision focuses both MAPP and CBSC processes.
- If a more narrow vision is needed for the CBSC to target a specific issue, it can be derived from the MAPP vision to maintain consistency.

MAPP Phase 3:

The next phase of MAPP involves **four MAPP Assessments** that yield important information for improving the local public health system and community health. Included are:

1. The ***COMMUNITY THEMES AND STRENGTHS ASSESSMENT*** provides an understanding of the issues residents feel are important, by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?"
2. The ***LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT*** focuses on all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How is the *Ten Essential Services of Public Health* being provided to our community?"
3. The ***FORCES OF CHANGE ASSESSMENT*** focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"
4. The ***COMMUNITY HEALTH STATUS ASSESSMENT*** identifies priority community health and quality of life issues. Questions answered include: "How healthy are our residents?" and "What does the health status of our community look like?"

How the CBSC Relates to MAPP Phase 3

- The four CBSC perspectives *(Community Health Status; Community Implementation; Community Process and Learning; and Community Assets)* help provide structure to the four MAPP assessments.
- The four MAPP assessments create raw material for CBSCs.
- Experience of the MAPP assessments provides knowledge of data sources and measurement issues that will be important for developing and using CBSCs.

MAPP Phase 4: Identify Strategic Issues

Once a list of challenges and opportunities has been generated from each of the four MAPP assessments, the next step identifies associated strategic issues. It was the linkage to this phase in which the Osceola Health Leadership Council, the Core Group, and a variety of community partners developed the Community Balanced Scorecard. The CBSC identified the most critical issues that must be addressed in order for the community to achieve its vision. The CBSC also was used to link the identified strategic issues to the next MAPP phase, to Formulate Goals and Strategies.

How the CBSC Relates to MAPP Phase 4:

- The process selects one or more MAPP-identified strategic issues as large-scale "themes" of the Community Balanced Scorecard.
- Each selected MAPP strategic issue becomes the focus of a CBSC "*Strategy Map"* in the next MAPP phase, to Formulate Goals and Strategies.

MAPP Phase 5: Formulate Goals and Strategies

During this phase, goals and specific strategies are formulated for each of the strategic issues identified in Phase 4. Goals and strategies provide a connection between the current reality (what the local public health system and the community look like now) and the vision (what the local public health system and community will look like in the future). Together, the goals and strategies provide a comprehensive picture of how local public health system partners will achieve a healthy community. In developing goals and strategies, communities answer the following questions:

- Goals -- What do we want to achieve by addressing this strategic issue?
- Strategies -- How do we want to achieve it? What action is needed?

How the CBSC Relates to MAPP Phase 5:

- Groups MAPP strategies identified into "strategic objectives" of the CBSC.
- Organizes the objectives into CBSC *"Strategy Maps"* and identifies performance measures for the objectives.

MAPP Phase 6: ACTION Cycle: Plan, Implement, Evaluate

This is a critical phase of MAPP in which participants plan for action, implement, and evaluate. This continuous and interactive process ensures the success of the MAPP activities.

How the CBSC Relates to MAPP Phase 6:

- CBSC *"Strategy Maps"* help determine the most strategic of the actions in the MAPP action plan.
- CBSC implements the actions and captures performance data, which adds rigor to the evaluation, makes partners accountable for results, and provides data for reviewing actions and improving plans as the action cycle unfolds.
- Uses CBSC performance data to evaluate progress and determine changes needed in the MAPP action plan and the CBSC *"Strategy Map."*

The MAPP roadmap leads to a healthier community!

Figure 10: MAPP - Your Community Roadmap to Health!

In 2010, a collaborative partnership (hereafter referred to as the Core Group) that included the Osceola County Health Department, Community Vision, Inc., and Health Council of East Central Florida, began meeting as a planning group. The group's purpose was to involve the community's stakeholders in developing a *Community Balanced Scorecard (CBSC) for Managing Public Health Strategy.* The CBSC process built upon Osceola County's three iterations over the past 10 years of Mobilizing for Action through Planning and Partnerships (MAPP). The Core Group worked closely with the Osceola Health Leadership Council, which is a group of health, business, educational, social services, non-profit organizations, and governmental leaders who are able to set their agency's effort in the community's collaborative partnership. The work of this group began the process to apply strategic thinking to further assess the community, prioritize health issues, identify resources to address them, and take action needed to implement changes to improve the community's health. (Note: The Osceola Health Leadership Council roster, as of August 2012, is included in Appendix A).

The Core Group laid the groundwork to bring together the Health Leadership Council along with over 75 health care professionals, government leaders, non-profit leaders, service providers, business owners, faith-based organizations, grass-roots leaders, and citizens of Osceola County for an ***Osceola Summit on Health 2010***. The Summit was hosted by Community Vision and facilitated by the Results That Matter Team from Epstein & Fass Associates, developers of the Community Balanced Scorecard for Managing Public Health Strategy. The Summit's agenda was to begin work on a Community Balanced Scorecard, which involved utilizing past MAPP results, and updating a community health assessment. Invitees to the Summit were representative of Osceola County's **Public Health System** key stakeholders *(see Figure 11).*

PUBLIC HEALTH SYSTEM STAKEHOLDERS

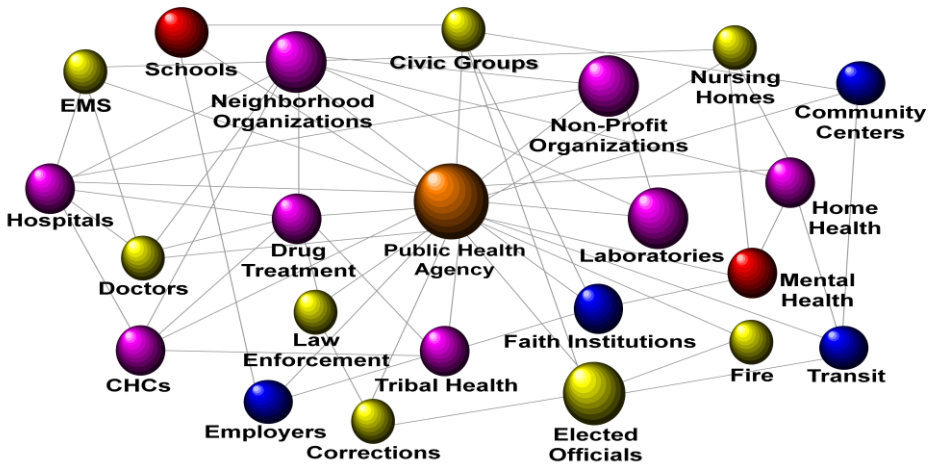
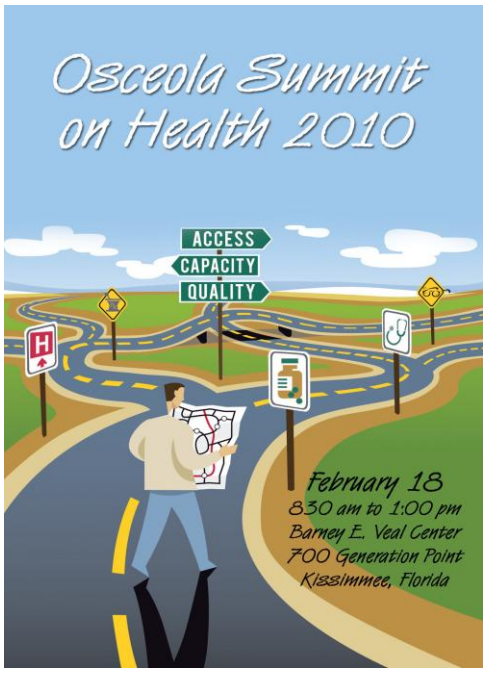


Figure 11: Public Health System Illustration - Centers for Disease Control & Prevention

OSCEOLA SUMMIT ON HEALTH 2010 – *A COMMUNITY GATHERING*



Facilitated by the Results That Matter Team, Summit attendees participated in a Strengths-Weaknesses-Opportunities-Threat brainstorming session that followed the SOAR (Strengths-Opportunities-Aspirations-Results) methodology.

Participants were asked key questions, based on the **four Community Balanced Scorecard (CBSC) perspectives**, to help generate ideas:

1. ***Community Health Status***
   - What are the priority community health outcomes we are trying to improve, and what are the health risks and disparities we are trying to reduce?
2. ***Community Implementation***
   - What levers of change might best allow us to improve our targeted community outcomes?
   - How can we enhance our projects, services, and partnerships to bring us closer to achieving our health improvement goals?
   - What would be an approach that multiple community organizations can rally around to collectively accomplish what none can do individually?
3. ***Community Process and Learning***
   - How can we ensure public health goals influence planning and policy decisions?
   - How can we get organizations to work more as a team to benefit the community?
   - How best can we learn from monitoring, evaluation, and research to guide policies/plans?
4. ***Community Assets***
   - How can we leverage more community resources to work to address our priority health issues?
   - How best can we reach out to attract many residents, partners, and other resources? How can we develop these assets to improve public health?

A vision was created through the work of the Core Group, Osceola Health Leadership Council, and the summit participants. The vision was derived from the previous MAPP vision in order to maintain consistency. The revised vision created a narrower focus needed for the CBSC to target a specific issue.

"Osceola County will be a community where uninsured and underinsured residents have full access to the health care services they need."

The next phase of MAPP involves **Four MAPP Assessments** that yield important information for improving the local public health system and community health. The CBSC process relates to this MAPP phase through the **Four CBSC Perspectives**, including *Community Health Status; Community Implementation; Community Process and Learning; and Community Assets.* These perspectives helped provide structure to the MAPP assessments. Experience gained from the MAPP assessments provided knowledge of data sources and measurement issues that was important in developing and using CBSCs. In other words, the MAPP assessments created the raw material for the CBSC.

MAPP Assessment 1: Community Themes and Strengths

Purpose

The MAPP framework defines **Community Themes and Strengths Assessment** as providing a deep understanding of the issues that residents feel are important by answering these questions:

- *What is important to our community?*
- *How is quality of life perceived in our community?*
- *What assets do we have that can be used to improve community health?*

Methodology Used To Gather Data on Community Perceptions

In preparation for the Community Themes and Strengths Assessment, the Osceola County Health Department administrator, Belinda Johnson-Cornett, presented recommendations from the Core Group to the Osceola Health Leadership Council regarding the development of the *2010 Osceola Summit on Health.* The Council approved the plan and was instrumental in providing input in the planning process. Additionally, other approaches, such as community surveys, were utilized in gathering information from a cross section of the community. Both the work from the Summit and the community surveys are presented in the following section.

Approach #1: Community Surveys – *In The Community*

It was important to obtain perceptions directly from the community, particularly residents living in health disparate communities and those not likely to attend focus groups or other organized interview sessions. There were two methods used to reach the community:

Part A: Osceola County Health Department community surveys
Part B: 192 Operation Outreach – Family Services Fair – Osceola County Visioning Survey

Results of both Part A and Part B surveys are presented on the next pages.

MAPP ASSESSMENT 1: COMMUNITY THEMES AND STRENGTHS – CONTINUED

PART A: OSCEOLA COUNTY HEALTH DEPARTMENT COMMUNITY SURVEYS – *THE RESULTS*

Staff from the Osceola County Health Department spent time over several months in 2010-2011 taking surveys door-to-door in various neighborhoods (particularly those considered as disadvantaged, health disparate communities such as Marydia, Intercession City, and Campbell) as well as to community health fairs throughout the county. Residents were given the option to fill the survey out and mail to the health department or staff would do an on-the-spot interview.

Two evidence-based sources were utilized to provide guidance on a set of survey questions. Included were:

1. National Association of County and City Health Officials (NACCHO) MAPP User's Handbook
2. The joint Centers for Disease Control and Prevention (CDC) and NACCHO's Protocol for Assessing Community Excellence in Environmental Health (PACE-EH). PACE-EH is centered on the Institute of Medicine's core public health definition of "assessment, policy development, and assurance." It was developed as a means to involve stakeholders in working together to address a community's environmental and social determinants of health.

Table 9: Community Health Survey

COMMUNITY HEALTH SURVEY – *IN THE COMMUNITY: RESULTS*	Yes
Environmental / Social Determinants of Health Perspective	
1.) Are there conditions in your neighborhood that you feel may be causing family illness?	27%
2.) Do you feel your home is safe to live in?	76%
3.) Are there abandoned buildings in your community that you think should be demolished?	41%
4.) Are there abandoned cars in your community that you think should be removed?	41%
5.) Does your community have access to public bus transportation?	16%
5a.) If you use the public bus, do you feel the service meets your transportation needs?	56%
5b.) If your community does not have access to public bus transportation, would you use this service if it was available?	68%
5c.) Would you ride the bus, if available, to see a healthcare provider?	72%
5d.) Would you use the services of a mobile healthcare facility or clinic if it was available in your community?	95%
6.) Do you have children who attend elementary, middle, or high school in your home?	17%
7.) In your home, does your family have access to clean water for drinking and cooking?	91%
Health & Safety Issues Perspective	
8.) Regarding healthcare – Do you have health insurance? (Medicaid: 31%; Medicare: 27%; Commercial: 42%)	74%
9.) Do you see a health care provider regularly?	63%
10.) Are you able to get to a healthcare provider if necessary?	85%
11.) Are you familiar with services provided by Osceola County Health Department?	52%

MAPP ASSESSMENT 1: COMMUNITY THEMES AND STRENGTHS – CONTINUED

Health & Safety Issues Perspective – continued

Question 12: How would you rate the police service in your community?

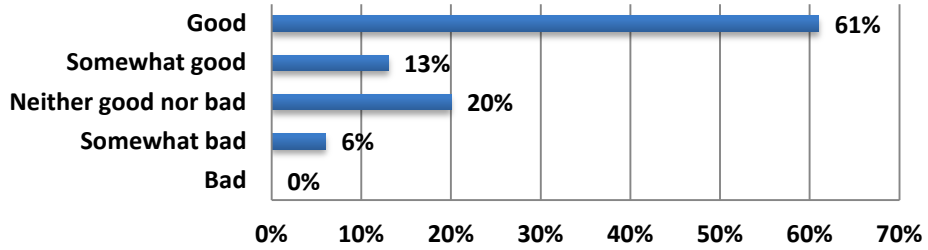


Figure 12: Police Service Satisfaction

Question 13: Thinking about your community as a whole, how safe do you feel your community is from crime?

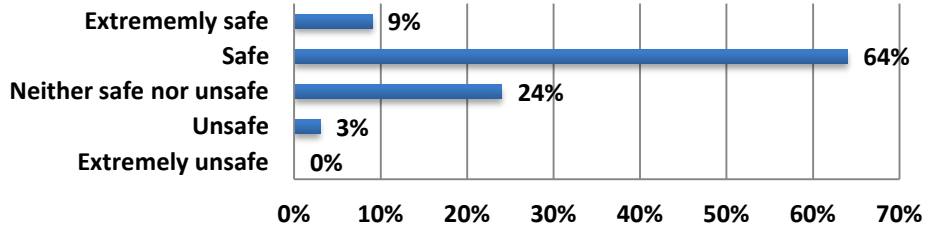


Figure 13: Safe Community

Question 14: When traveling to and from school, how safe do you feel your children are?

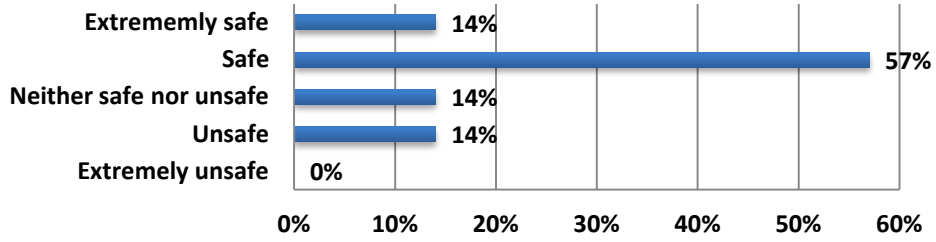


Figure 14: Safety Traveling to School

Question 15: How would you describe the quality of air you breathe when you are outside in your neighborhood?

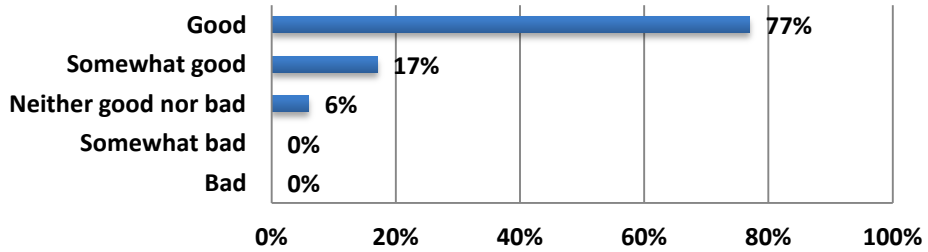


Figure 15: Air Quality

MAPP ASSESSMENT 1: COMMUNITY THEMES AND STRENGTHS – CONTINUED

Health & Safety Issues Perspective – continued

Question 16: How do you feel about this statement: Government officials are able to respond to my community's needs?

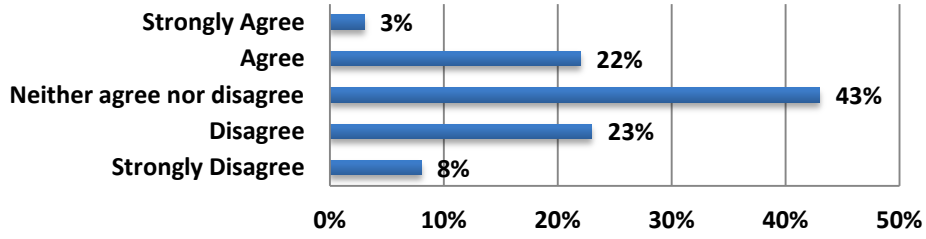


Figure 16: Government Officials Response

Question 17: Are there areas of standing or stagnant water near or around the roads in your community?

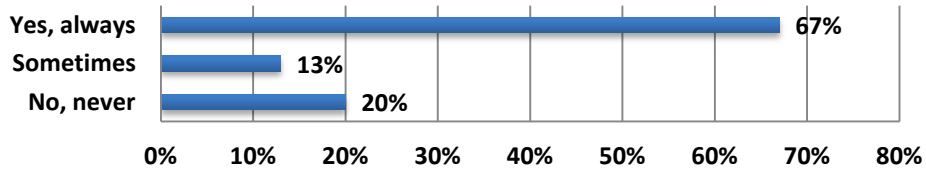


Figure 17: Standing Ground Water

Question 18: How long have you lived in this neighborhood?

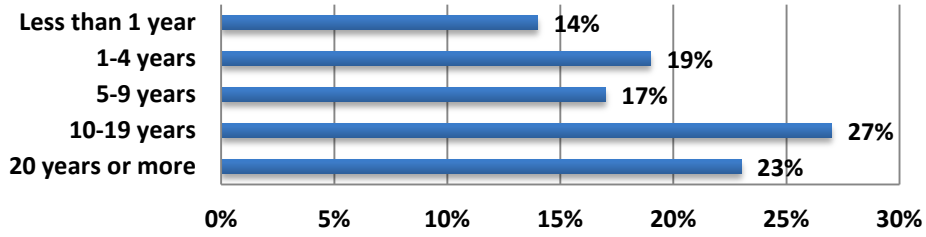


Figure 18: Length of Time in Neighborhood

Question 19: Do you own or rent your home?

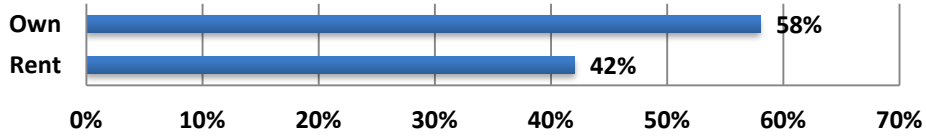


Figure 19: Home Ownership

MAPP ASSESSMENT 1: COMMUNITY THEMES AND STRENGTHS – CONTINUED

Health & Safety Issues Perspective – continued

Question 20: What is your age?

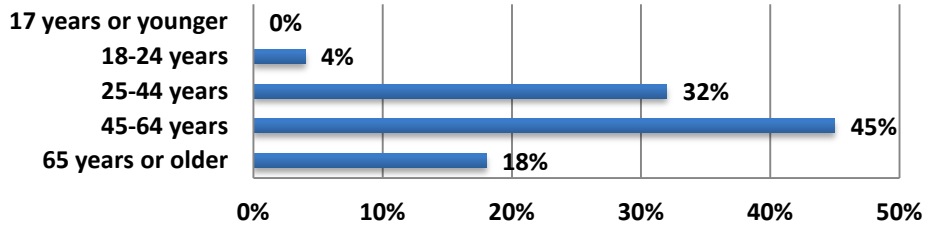


Figure 20: Survey Respondent Age

In addition to the Community Health Survey questions, respondents were asked to indicate their top five concerns from the following list:

- Deserted buildings and/or cars
- Polluted land (such as illegal dumping, old paint cans, motor oil leaking into ground)
- Access to health care
- Having healthcare available in your community
- Lack of housing choices (for example: no new houses, apartments, etc.)
- Neighborhood lighting
- Expanding community parks (adding pavilions, play structures, etc.)
- Lack of employment
- Lack of convenient shopping
- Personal hygiene and sanitation (such as poor nutrition, living conditions, disease)
- Meeting basic needs (such as having drinking water, sewer, and enough food for you and your family)
- Sewage & sludge disposal (such as septic systems not working or leaking)
- Transportation (sidewalks, bus stops)
- Safety (drug dealing, violence)
- Other: _____

The **top five common themes** identified from this list were:

1. Transportation (sidewalks, bus stops)
2. Safety (drug dealing, violence) and neighborhood lighting (tied for #2)
3. Lack of employment
4. Access to healthcare and lack of convenient shopping (including grocery) (tied for #4)
5. Having health care available in my community

MAPP ASSESSMENT 1: COMMUNITY THEMES AND STRENGTHS – CONTINUED

PART B: 192 OPERATION OUTREACH - FAMILY SERVICES FAIR – OSCEOLA COUNTY VISIONING SURVEY – *THE RESULTS*

192 Operation Outreach, held at The Rock Church, was a collaborative effort of over 45 community providers consisting of local government, social services, community agencies, and faith-based agencies. The focus was on providing information, resources, and assessments to empower families. Walt Disney World; Department of Children and Families; Family Services of Metro Orlando; and Give Kids Safe Shelter provided various donations and financial sponsorship. Attendees participated in an **Osceola County Visioning Survey**. The results are provided below:

Demographics of Survey Respondents

Of the 84 respondents: 42% had lived in Osceola County 1-5 years; 67% expect to live in here for the next 10 years; 58% expected to retire in the county; 43% were unemployed; and 61% were unable to save any of their monthly income.

Table 10: Zip Code	
34739	1.2%
34741	23.8%
34743	7.1%
34744	15.5%
34746	26.2%
34747	4.8%
34758	6.0%
34769	7.1%
34772	3.6%
Other	4.8%

Table 11: Age Group	
Under 18	2.4%
18-24	6.0%
25-34	16.7%
35-44	32.1%
45-54	28.6%
55-59	9.5%
60-64	3.6%
65+	1.2%

Table 12: Race / Ethnicity	
African American	22.6%
Asian-Pacific Islander	2.4%
Caucasian/White	28.6%
Caribbean	6.0%
Hispanic – White	31.0%
Hispanic – Black	4.8%
Multi-Racial/Other	4.8%

Table 13: Highest Education Level	
Less than high school	9.5%
High school diploma	25.0%
Some college	28.6%
Associate degree	11.9%
Bachelor's degree	16.7%
Some graduate work	3.6%

MAPP ASSESSMENT 1: COMMUNITY THEMES AND STRENGTHS – CONTINUED

Osceola County Visioning Survey – continued

Table 14: Annual Household Income	
0-10,000	7.1%
10,001-15,000	29.8%
15,001-30,000	26.2%
30,001-45,000	14.3%
45,001-60,000	7.1%
60,001-75,000	4.8%
75,001-100,000	7.1%
100,001 or more	3.6%

Table 15: Work Type of Industry	
Non-profit	1.2%
Retail/Hospitality	33.3%
Health Care/Social Services	22.6%
Education	7.1%
Public Admin/Government	7.1%
Professional Services	10.7%
Arts/Entertainment/Recreation	2.4%
Transportation/Warehouse	4.8%
Agriculture/Fishing/Ranching	3.6%
Construction	6.0%
Retired	1.2%

Question 1: What do you think are Osceola County's Strengths?

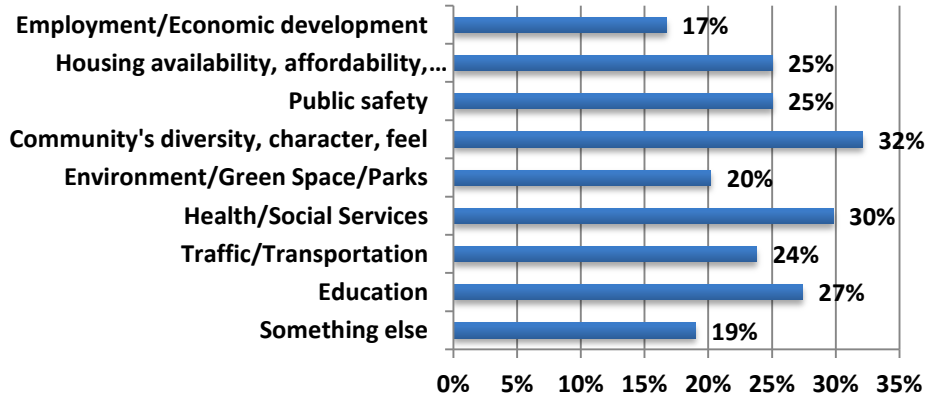


Figure 21: Osceola County Strengths

Question 2: How much impact do you think you can have in making your community a better place to live?

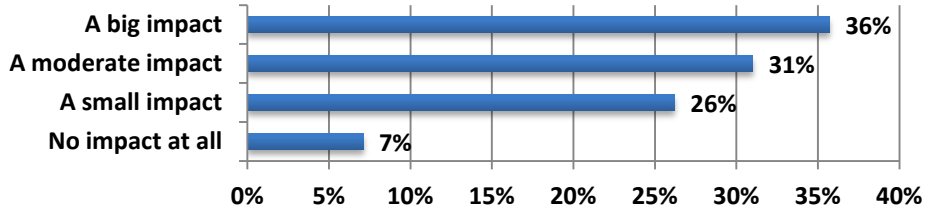


Figure 22: Personal Impact Potential

MAPP ASSESSMENT 1: COMMUNITY THEMES AND STRENGTHS – CONTINUED

Osceola County Visioning Survey – continued

Question 3: What areas do you think we need to improve the most in our community?

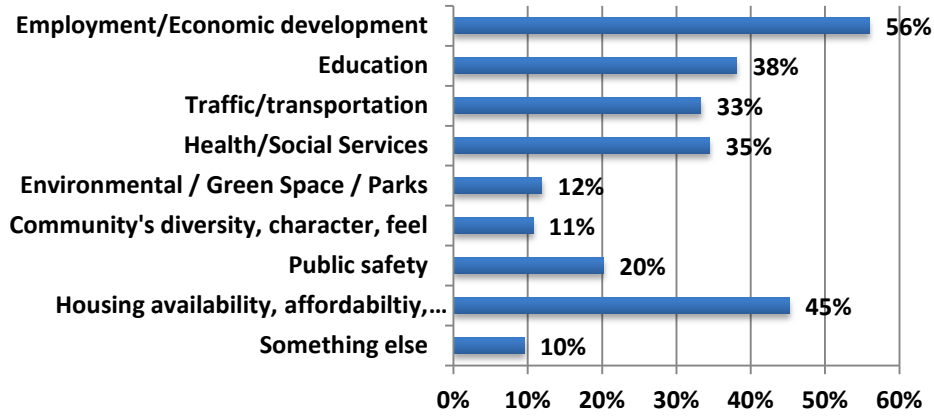


Figure 23: Community Improvement Needed

Question 4: How would you rate the health care system in Osceola County?

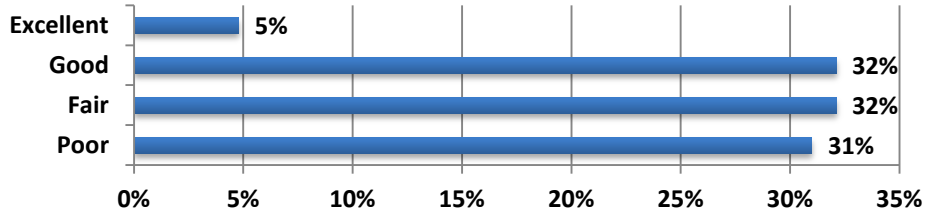


Figure 24: Rate Health Care System

Question 5: What do you think will improve the health care system in Osceola County?

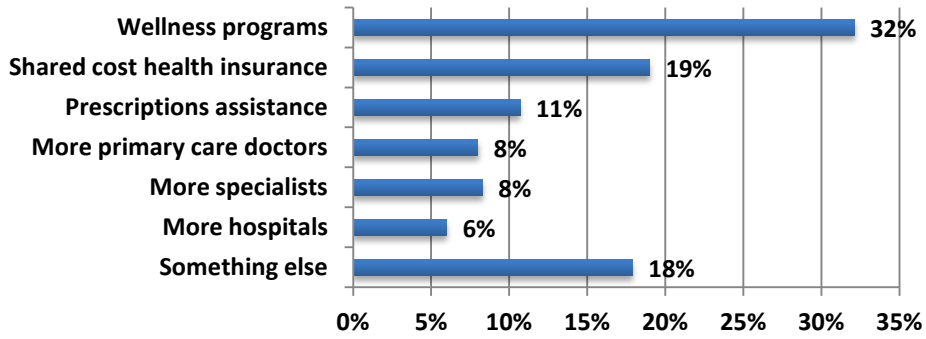


Figure 25: Health Care System Improvements Needed

MAPP ASSESSMENT 1: COMMUNITY THEMES AND STRENGTHS – CONTINUED

Osceola County Visioning Survey – continued

Question 6: Generally speaking, how much of the time do you feel you can trust local government to do what is right for our community?

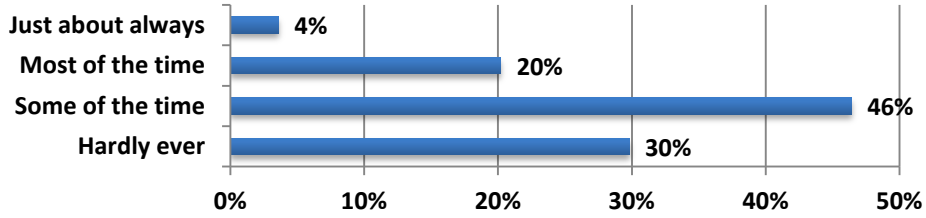


Figure 26: Trust in Local Government

Of the questions below regarding community leaders, 27% of survey respondents felt leaders are in tune with community needs and 37% were not sure. Seventy-six percent stated they feel Osceola County is heading in the right direction.

Question 7: Generally speaking, are you satisfied with the job that local officials are doing to provide services and improve our community?

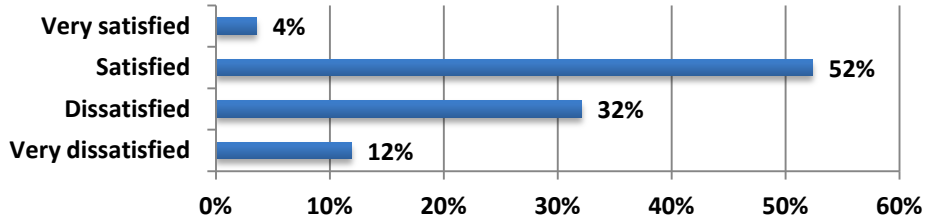


Figure 27: Providing Services to Improve Community

Question 8: What issues do you feel community leaders need to address immediately?

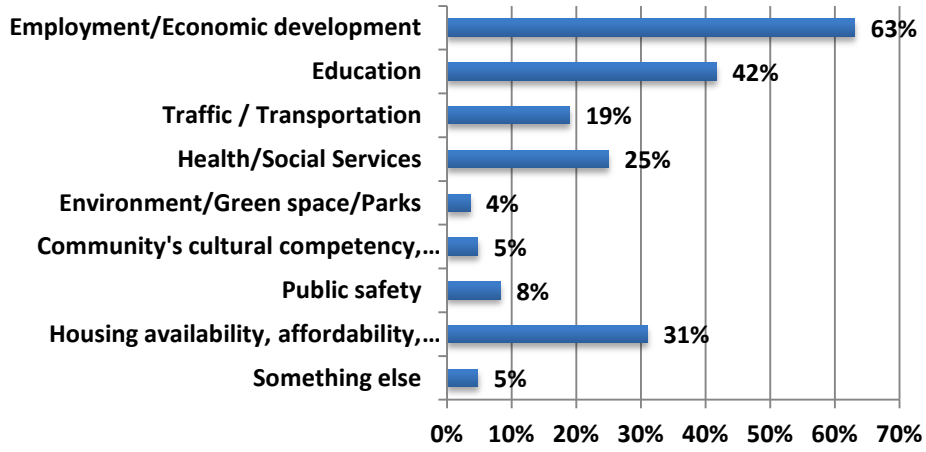


Figure 28: Most Important Issues to Address Immediately

MAPP ASSESSMENT 1: COMMUNITY THEMES AND STRENGTHS – CONTINUED

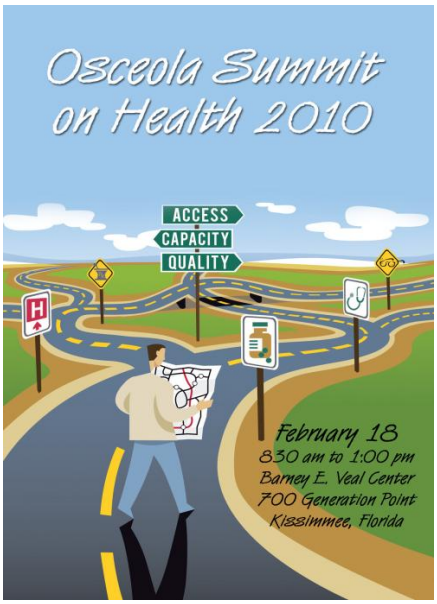
APPROACH # 2: OSCEOLA SUMMIT ON HEALTH 2010 – *A COMMUNITY GATHERING:*

(Note: This Approach #2 section builds upon a previous section – MAPP Phase 2: Visioning).

The second approach to the ***Community Themes and Strengths Assessment*** was to gather input from a wide sector of the local public health system community:

STRATEGIC ANALYSIS OF IDEAS FROM - THE OSCEOLA SUMMIT ON HEALTH 2010

Facilitated by the *Results That Matter Team*, attendees at the Summit participated in a Strengths-Weaknesses-Opportunities-Threat brainstorming session that followed the SOAR (Strengths-Opportunities-Aspirations-Results) methodology.



Summit participants produced many rich and varied ideas from their tables. Each table was asked to focus on one of the following five priority strategies that had been developed by the Core Group and approved by the Osceola Health Leadership Council in preparation for the Summit:

- Ensure access to comprehensive health care
- Increase access to specialty care
- Increase enrollment in a primary care medical home
- Sustain best practice programs
- Improve the delivery and quality of care by using evidenced-based best practices
- Maximize resources and engage new and existing partners in developing solutions.

ISSUES, PERCEPTIONS, AND ASSETS – THEMES THAT EMERGED

From the work at the Summit, the following three "themes" emerged as good candidates for forming "theme teams" to focus on implementation:

1. Access to Specialty and Comprehensive Care
2. Enrollment in a Primary Care Medical Home
3. Adopt Evidenced-based Care and Sustain Best Practices

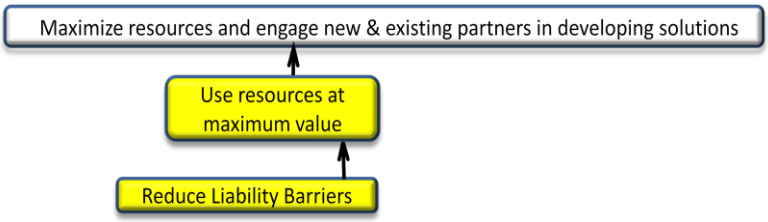
The three themes are discussed in greater detail on the following pages and are grouped by theme and by strategic objective within each theme.

MAPP ASSESSMENT 1: COMMUNITY THEMES AND STRENGTHS – CONTINUED

Theme 1: Access to Comprehensive & Specialty Care

Objective: Increase & optimize external resources

Ideas from Summit Table Session
1. Centralized single portal of case management for medical, social services, Medicaid enrollment, and homeless services
2. One program or agency to coordinate referrals of patients from ERs, clinics, etc. to volunteer specialty care providers
3. Community pool of volunteer doctors & medical staff with unified recruitment system
4. Technology Link to Providers
5. Specialty clinic network with RN case management/ physician recruitment/diagnostic pool



Objective: Reduce liability barriers

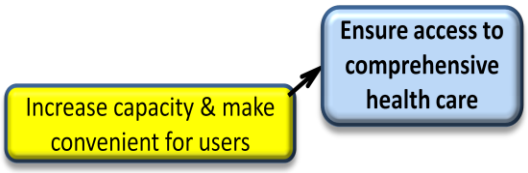
Ideas from Summit Table Session
1. Education on sovereign immunity legislation
2. Hospitals contract with OCHD for ER screening under sovereign immunity
3. Advocate for ER Sovereign Immunity Legislation

Objective: Use resources at maximum value

Ideas from Summit Table Session
1. Indigent triage in front of ERs to provide case management
2. Increase valid specialty referrals from ER; decrease defensive referrals
3. Cuidate chronic disease self management program
4. Community education on proper use of emergency room & specialty care (e.g., “Ask a nurse”)

MAPP ASSESSMENT 1: COMMUNITY THEMES AND STRENGTHS – CONTINUED

Theme 1: Access to Comprehensive & Specialty Care - continued

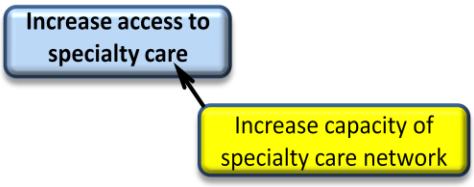


Objective: Increase capacity & make convenient for users

Ideas from Summit Table Session
1. Restart Mobile Medical Express
2. Community Schools: facility located on school campus for medical services
3. Expand Case Management Network
4. Use new Medical City to increase comprehensive care

Objective: Ensure access to comprehensive health care

Ideas from Summit Table Session
1. Promote 211



Objective: Increase capacity of specialty care network

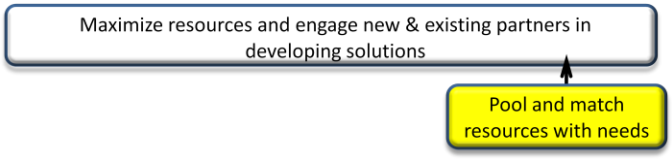
Ideas from Summit Table Session
1. Expand Council on Aging medical program to include more specialty care doctors
2. Use New Medical Campus to increase specialty care
3. Create specialty clinic

Summit Table Exercises

MAPP ASSESSMENT 1: COMMUNITY THEMES AND STRENGTHS – CONTINUED

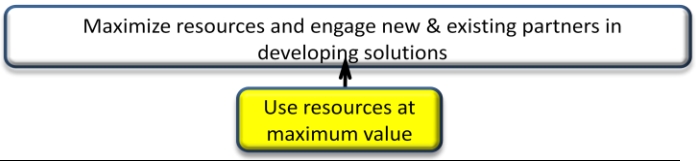
Theme 2: Enrollment in Primary Care Medical Homes

Objective: Pool and match resources with needs



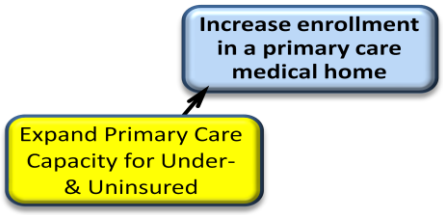
Ideas from Summit Tables
1. Referral system for 911 operators to get callers to most appropriate resources and collect needed information to pass on to organizations.
2. Have primary care doctors' offices who will NOT take uninsured patients direct them to the most appropriate resources, not emergency rooms.
3. Equip free clinics to better refer patients to others (better coordinate volunteer specialty doctors)
4. Create a clearinghouse on needs

Objective: Use resources at maximum value



Ideas from Summit Tables
1. Expand emergency room diversion program
2. Co-locate FQHC clinics & free clinics with emergency rooms (primary care clinics in hospitals)
3. Segment populations & conditions and tailor interventions separately for each segment (e.g., for homeless, for people on I-92 corridor)

Objective: Expand Primary Care Capacity for Under- & Uninsured



Ideas from Summit Tables
1. Expand county's FQHC sites
2. Team with healthcare schools (e.g., run a clinic to give students experience and expand primary care)
3. Expand the times available of the free clinics as medical home clinics
4. Extend free clinics to operate in faith organizations
5. Restart, expand mobile clinics to be medical homes
6. Engage primary care doctors to get more involved with medical homes for under-insured or uninsured people (e.g., mailer asking 1 day/year; survey to learn "win-win" ways to increase uninsured primary care).

MAPP ASSESSMENT 1: COMMUNITY THEMES AND STRENGTHS – CONTINUED

Theme 2: Enrollment in Primary Care Medical Homes - continued

Objective: Better Leverage Partners to Connect People to Primary Care Medical Homes

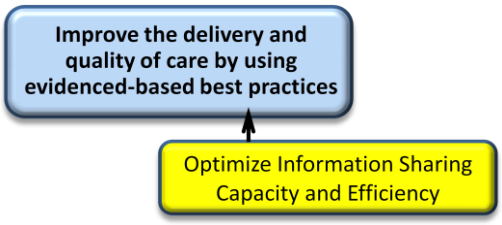
Ideas from Summit Tables
1. Create more school-based programs to connect kids & families with medical homes & make systematic
2. WIC referral to primary care (coordinate to identify women & kids without a primary care provider)
3. Faith-based health education & volunteer recruitment
4. Develop other partner-specific programs (e.g., intake, referral, information provision protocols for public safety, health,& social service organizations, children's organizations, advocacy groups)

Objective: Increase enrollment in a primary care medical home

Ideas from Summit Tables
1. Clearly define the primary care medical home role
2. Engage citizen volunteers as patient advocates
3. Engage volunteers to help people with transportation
4. Engage volunteers to help people follow through on medical plans (e.g., take meds, keep follow-up visits)
5. Local business discounts to incentivize health (for people using their medical homes as primary source)
6. Formalize education outreach (e.g., to homeless, I-92 corridor, people going to emergency rooms)
7. Health fairs at large organizations (e.g., Gaylord Palms, Marriot World) to educate employees.

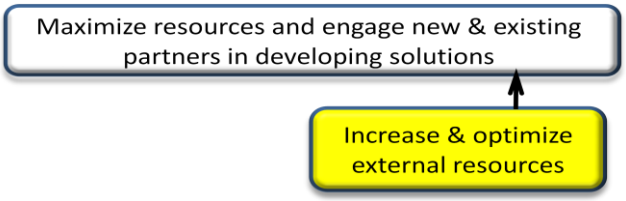
MAPP ASSESSMENT 1: COMMUNITY THEMES AND STRENGTHS – CONTINUED

Theme 3: Adopt & Sustain Evidence-based Practices and Best Practice Programs



Objective: Optimize information sharing capacity & efficiency

Ideas from Summit Table Session
1. Use internet monthly update that allows providers to choose topics to maximize evidence-based best practice information sharing across partnerships
2. Host quarterly meetings (by phone or in person) to connect and mobilize partners around best practices
3. Develop informational resources (website, brochures, etc) to keep general public (consumers) informed



Objective: Increase & optimize external resources

Ideas from Summit Table Session
1. Encourage Grant Resource Network to expand focus to sustainability in addition to grant writing.

Objective: Sustain best practice programs

Ideas from Summit Table Session
1. Revitalize Health Issues Task Force (HITF) to assist community partners in sustaining best practices.
2. Use Osceola Non-Profit Roundtable to identify best practices programs worth sustaining that may need assistance & recommend to HITF which to assist.
3. Florida Hospital assists in education for small nonprofit groups on how to manage and sustain their programs of interest.

MAPP ASSESSMENT 2: LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

PURPOSE

Led by the Centers for Disease Control and Prevention (CDC), the National Public Health Performance Standards Program (NPHPSP) is an initiative that developed national performance standards for both state and local public health systems. The performance standards guide the development of stronger public health systems capable of improving the health of populations.

The local version of the assessment instrument was used to help identify strengths and opportunities for improvement within the Osceola County public health system. The Local Public Health System Assessment (LPHSA) answers the following questions:

1. What are the components, activities, competencies, and capacities of our local public health system?
2. How are the "10 Essential Public Health Services" being provided to our community?

The "10 Essential Public Health Services" are the core public health functions that should be undertaken in every community. They provide the framework for the Local Public Health System Assessment.

METHODOLOGY USED FOR THE LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

The Osceola County Health Department took the lead in facilitating the completion of the LPHSA instrument. Two methods were utilized:

1. LPHSA instrument was sent to various key stakeholders in the Osceola County Public Health System during May-July, 2011.
2. Attendees at the *Osceola Summit on Health 2011 – The Sequel,* held August 19, 2011, reviewed and discussed, then scored by consensus using the response options in *Table 16* on the following page.

The 10 Essential Public Health Services

Public Health
Prevent. Promote. Protect.

1. **Monitor** health status to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop policies and plans** that support individual health problems.
6. **Enforce laws and regulations** that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public and personal health care workforce.
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.

Figure 29: 10 Essentials of Public Health

MAPP ASSESSMENT 2: LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT - CONTINUED

Table 16: LPHSA Scoring Response Options	
NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met

Responses from both sources were entered into a web-based online LPHSA instrument and a summary report was generated. This process was completed during September, 2011.

LPHSA Assessment Results

The table below provides a quick overview of Osceola County Public Health Systems performance in each of the *10 Essential Public Health Services*. Each score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed) to a maximum of 100% (all activities are performed at optimal levels).

Table 17: Summary of Scores - LPHSA		
	Assessment by Essential Public Health Services	**Score**
1	Monitor Health Status To Identify Community Health Problems	69%
2	Diagnose And Investigate Health Problems and Health Hazards	64%
3	Inform, Educate, And Empower People about Health Issues	75%
4	Mobilize Community Partnerships to Identify and Solve Health Problems	68%
5	Develop Policies and Plans that Support Individual and Community Health Efforts	60%
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	50%
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	63%
8	Assure a Competent Public and Personal Health Care Workforce	59%
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	52%
10	Research for New Insights and Innovative Solutions to Health Problems	28%
	Osceola County Public Health System's Overall Performance Score	**59%**

MAPP ASSESSMENT 2: LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT - CONTINUED

The average scores from the Local Public Health System Assessment are illustrated below in *Figure 13*. Scores are displayed for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The black range bars show the minimum and maximum values of responses that all participants gave.

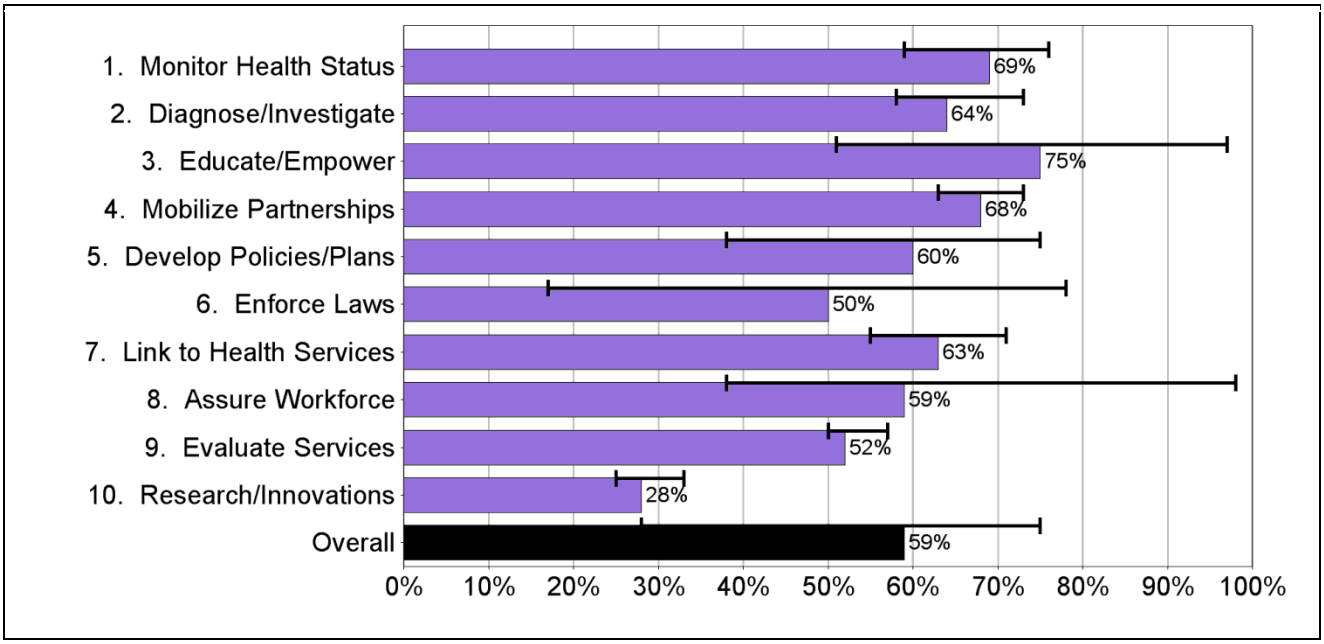


Figure 30: Local Public Health System Assessment Scores

Osceola County's local public health system scored highest in Educate/Empower (75%), followed closely by Monitor Health Status (69%) and Mobilize Partnerships (68%). The lowest score was in Research/Innovations (28%).

MAPP ASSESSMENT 3: FORCES OF CHANGE

PURPOSE

The MAPP framework defines the **FORCES OF CHANGE ASSESSMENT** as a means to identify trends, factors or events that are or will be influencing the health and quality of life of the community and the work of the local public health system. It is designed to create a comprehensive list that identifies the key forces and describes their impact.

This assessment answers two primary questions:

1. *What is occurring or might occur that affects the health of our community or the local public health system?*
2. *What specific threats or opportunities are generated by these occurrences?*

METHODOLOGY USED TO GATHER DATA ON COMMUNITY PERCEPTIONS

Building upon the work from the *Osceola Summit on Health 2010,* a Forces of Change Assessment was conducted during July and August, 2011. A SWOT survey was sent to invited attendees prior to the *Osceola Summit on Health 2011 - The Sequel.* The intent was to identify forces such as legislation, technology, and other impending changes that affect the context in which Osceola County's public health system operates. These steps were completed:

Table 18: Forces of Change Assessment Steps

Steps of Assessment	Date Completed
1. Community Vision mailed Strengths-Weaknesses-Opportunities-Threats (SWOT) survey to key public health system stakeholders. Stakeholders were asked to complete survey in preparation for the *Osceola Summit on Health 2012 – The Sequel* scheduled for August 19, 2011.	July-August 2011
2. SWOT survey results presented for brainstorming breakout sessions at *Osceola Summit on Health 2012 – The Sequel.*	August 19, 2011
3. Results of SWOT breakout sessions were compiled by Community Vision and reported to stakeholders.	September, 2011.

SWOT survey results were compiled by Community Vision in preparation of a presentation to participants at the Summit. Summary results of all the narrative responses are shown on the following pages:

MAPP ASSESSMENT 3: FORCES OF CHANGE - CONTINUED

STRENGTHS-WEAKNESSES-OPPORTUNITIES-THREATS (SWOT) SURVEY ANALYSIS

Question 1: What do you view as the strengths of the health care delivery system in Osceola County?

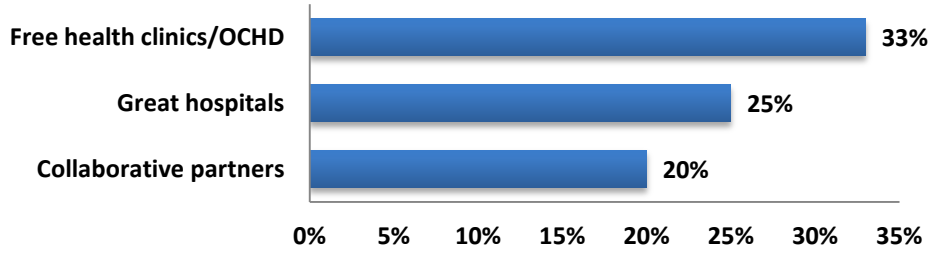


Figure 31: Health Care System Strengths

Question 2: What are the weaknesses in how health care is accessed or delivered?

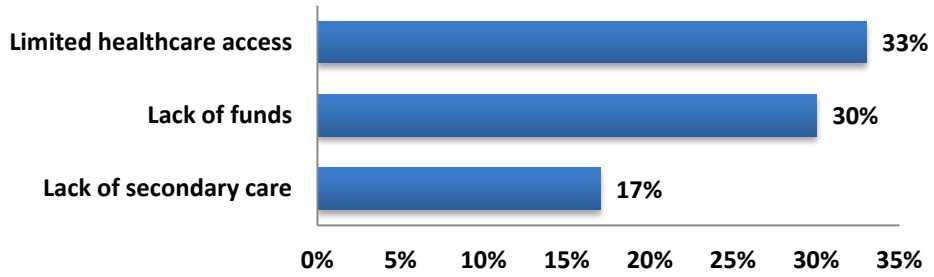


Figure 32: Weaknesses in Healthcare Access or Delivery

Question 3: If ignored, what weaknesses that you identified could become threats to continued quality or access?

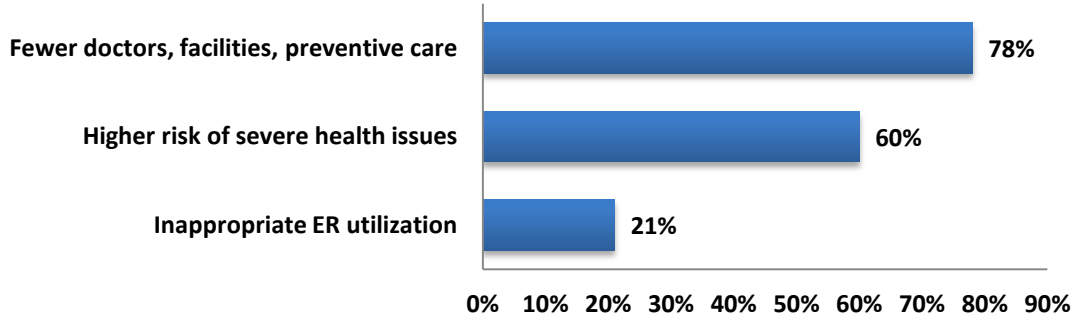


Figure 33: Weaknesses That Could Become Threats

MAPP ASSESSMENT 3: FORCES OF CHANGE - CONTINUED

Question 4: With all the changes occurring in health care regulations, service delivery, and payment, is there opportunity to explore that could improve access and the quality of care in Osceola County?

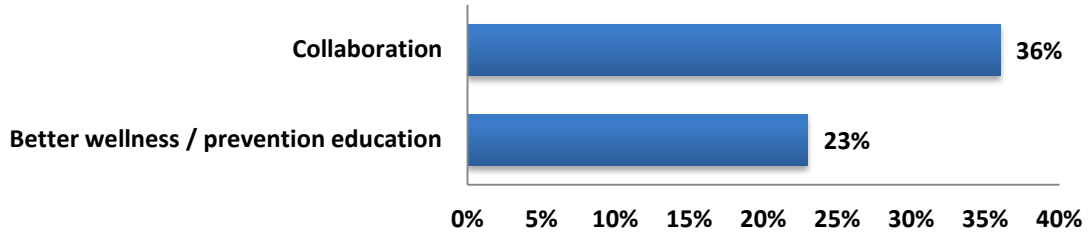


Figure 34: Opportunities to Improve Healthcare Access & Quality

THE FORCE-FIELD ANALYSIS

A Force-Field Analysis management tool was used to facilitate the brainstorming sessions at the *Osceola Summit on Health 2011- The Sequel.* A Force-Field Analysis identifies forces and factors during brainstorming that support or work against the proposed solution to an issue or problem. This allows the positive **"driving forces"** to be reinforced and the negative **"restraining forces"** eliminated.

AT THE *OSCEOLA SUMMIT ON HEALTH 2011 – THE SEQUEL*

Utilizing the results of the SWOT analysis, Summit participants deliberated on issues and potential solutions. These questions were considered:

1. *What is occurring or might occur that affects the health of our community or the local public health system?*
2. *What specific threats or opportunities are generated by these occurrences?*

MAPP ASSESSMENT 3: FORCES OF CHANGE - CONTINUED

Table 19: Force-Field Analysis		
Force - Issue	**Driving Forces**	**Restraining Forces**
Social - residents lack of knowledge of resources	• Patient education – "Health Talks" in at-risk areas • Holistic approach across traditional lines • Faith-based community • Outreach – mobile medical missions • One-stop Health Resource Center with educational materials for residents with chronic illnesses such as diabetes and cardiovascular • Non-traditional partners – reach out to business and faith-based community • Market services to the community • Collect stories to tell – make it personal • Calendar of local health events • Better self-care education for people with chronic conditions • Forum for health professionals to be enriched and learn about ways they can help	• Isolated communities • Health disparity • Residents lack of knowledge of resources available
Economic	• Join forces with other in fundraising • Grant writing collaboration	• Growing number of uninsured and underinsured residents • Unemployment highest in region • Service- and retail-based industry suffering from decline in tourism

MAPP ASSESSMENT 3: FORCES OF CHANGE - CONTINUED

Table 19: Force-Field Analysis - continued		
Force Issue	**Driving Forces**	**Restraining Forces**
Political	• Partnering with outside entities – Lake Nona and others	• Lack of collaboration • Challenge of funding shortages. • Increased collaboration in this environment of funding shortages is challenging.
Health – lack of access to primary and secondary healthcare services	• Mobile medical van • Better wellness and prevention education • Collaboration • Provider recruitment – physicians are unsure of what the future holds. • One-stop shopping to help clients navigate the healthcare system • Forums to educate providers related to shared / available resources • Medical volunteerism – current volunteers to help recruit others • Patient education on home care to reduce inappropriate emergency room utilization • More intensive care management • Dental mobile unit • Mental health issues on all fronts	• Lack of care (fewer doctors, facilities, preventive care, primary and secondary care) • Limited access • Lack of funds • Higher risk of severe health issues • ERs overrun with people seeking care (inappropriate utilization for ambulatory care sensitive conditions better provided in a primary care setting) • Capacity shortage – the healthcare system is overwhelmed with the growing number of uninsured / underinsured. • Lack of primary care physicians contribute to inappropriate emergency room utilization • Additional free clinics cost money and further taxes the system with referral needs.

MAPP ASSESSMENT 3: FORCES OF CHANGE - CONTINUED

Table 19: Force-Field Analysis - continued		
Force Issue	**Driving Forces**	**Restraining Forces**
Technological	• Explore voucher system options for referrals • Investigate electronic identification / virtual case management • Shared on-line database of available community resources – update regularly • Employ shared referral mechanism on-line to track patient and address • Establish a referral mechanism to include a Decision Tree, 50+ Resource Guide, and further promotion of Community Vision Family Resource Guide	• Referral system not connected to various agencies serving the same clients
Transportation – lack of public transportation or inadequate transportation in many areas of county	• Improve transportation for rural areas and for people who can no longer drive	• Poor public transportation options. • Residents unable to access health care for preventive services • Residents must rely on others, after working hours, to take them to the ER for ambulatory care sensitive conditions

Osceola County Public Health System Vision:

"Osceola County will be a community where all uninsured and underinsured residents have full access to the health care services they need."

The top three Forces of Change key areas that were identified to determine success on long-range goals to support the vision and that are to be addressed by the community are:

1. **Availability of health care resources**
2. **Prevention and wellness / health equity**
3. **Insufficient coordination among agencies**

These Forces of Change are addressed during the fourth Phase of MAPP – Identify Strategic Issues and are factored into the development of the Community Balanced Scorecard.

MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS

PURPOSE

The MAPP framework for COMMUNITY HEALTH STATUS ASSESSMENT answers two primary questions:

1. *How healthy are our residents?*
2. *What does the health status of our community look like?*

METHODOLOGY

Health equity is achieved when every person has the opportunity to *"attain his or her full health potential,"* and no one is *"disadvantaged from achieving this potential because of social position or other socially determined circumstances."*[16]

The Harvard School of Public Health's *Health-Wealth Gradient*, is an evidence-based link between low income and health status that gives insight into the social determinants of health that exist for a community's health disparate, disadvantaged population. Included are poverty, high unemployment, transportation barriers, lack of access to services, poor personal health practices, and low coping skills. This network of interacting stress factors increases an individual's likelihood for decreased life expectancy and increased chronic illnesses such as diabetes and cardiovascular diseases, which are the conditions most prevalent in Osceola County's health disparate population.

The 2008 acclaimed documentary series, *California Newsreel's "Unnatural Causes: Is Inequality Making Us Sick?"* was produced in association with the Boston Public Health Commission. This series chronicles evidenced-based study results on the effects of life-long racism and social determinants on the health of individuals in minority populations.

These evidence-based links provide Osceola County's public health system with a more effective understanding of social and environmental issues that affect our community's citizens, regardless of their socio-economic status. Also, the evidence-base provides an understanding of how these issues impact health status and the community's ability to access health care services.

[16] Centers for Disease Control & Prevention

MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

This document presents Osceola County's leading causes of death and other vital statistics and health status indicators. Data are segmented by age, gender, race, and/or ethnicity where appropriate. Comparative data are shown for state averages as well as those of Osceola County's "Peer Counties" and "Regional Peers" when available and as appropriate.

"Peer Counties" are determined by the U.S. Department of Health and Human Services 2009 Community Health Status Indicators Report.[17] Osceola's peers include Okaloosa and Santa Rosa counties. Peers are derived based on population size and density; poverty quartiles; and median age categories.

"Regional Peers" include Orange, Brevard, and Seminole counties, which make up the Orlando-Kissimmee-Sanford metropolitan statistical area.

Unless otherwise noted, all tables and graphs in this section compare **three-year rolling averages** using **age-adjusted death rates (AADR)** from the Florida Department of Health's *FloridaCHARTS* website.[18] Rolling rates are used to stabilize the numbers by averaging a three-year period of time, which more easily identifies trends. Age-adjusted rates also allow for more effective comparisons among groups with different age distributions.

Healthy People 2020 goals and associated information are referenced as applicable. Healthy People 2020 provides a science-based approach to ten-year national objectives for improving the health of all Americans.[19] Healthy People 2020 focuses on identifying nationwide health improvement priorities; increasing public awareness and understanding of health issues; and providing measurable health improvement goals. Healthy People 2020 tracks approximately 1,200 objectives that are organized in 42 topic areas, each of which represents an important public health area.

While every effort has been made to include the most recent, reliable data from reputable sources for this document, it is important to note that data collection and analysis at the national, state, and local level takes time to be compiled. This generally results in a three to five year time lag between data collection and a published report.

[17] http://www,communityhealth.hhs.gov/
[18] http://www.floridacharts.com/charts/chart.aspx
[19] http://www.healthypeople.gov

MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

NATIONAL COUNTY HEALTH RANKINGS

The national *County Health Rankings* report is produced by the Robert Wood Johnson Foundation in collaboration with the University of Wisconsin Population Health Institute. The *County Health Rankings* shows that **where we live, learn, work, and play...matters to our health.** Much of what influences our health happens outside the doctor's office – from access to healthy food or opportunities for physical activity to education and jobs.

The *County Health Rankings* allow counties to compare themselves with others within their state and also compare to national benchmarks. Counties can see where they are doing well and where they are not, so they can make changes to improve health.

There are two *Rankings* for each county, as illustrated in Figure 18:

1. **Health Outcomes:** "Today's health" (green boxes) represent how healthy a county is; i.e., how long people live (mortality) and how healthy people feel (morbidity).
2. **Health Factors:** "Tomorrow's health" (blue boxes) are the factors that shape a community's health outcomes, including health behaviors; clinical care; social and economic factors; and the physical environment. The blue boxes are issues communities can work on now to help improve their future.

Both Health Outcomes and Health Factors are influenced by **Policies and Programs** at the federal, state, and local levels. These can have an effect on whether people are more or less likely to engage in risky behaviors; access to and quality of clinical care; economic and education status; how socially connected they feel; and important elements in physical environment.

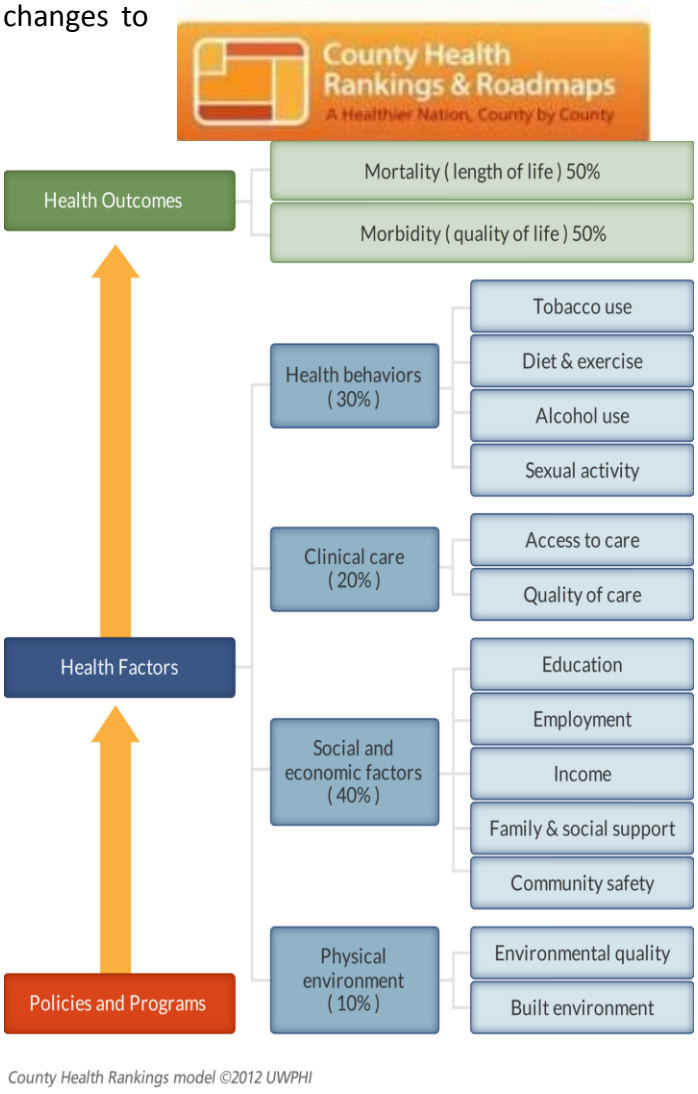


Figure 35: The County Health Rankings Model

MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

COUNTY HEALTH RANKINGS FOR OSCEOLA COUNTY

Osceola County's three-year rankings, out of Florida's 67 counties, are presented below:

Table 20: Osceola County Health Rankings by Category

Category	2010 Ranking out of 67 Counties	2011 Ranking out of 67 Counties	2012 Ranking out of 67 Counties	3-Year Trend*
Health Outcomes *(Mortality and morbidity)*	26th	25th	23rd	↑
Health Factors *(Health behavior; clinical access; socio-economic; environment)*	28th	33rd	41st	↓

Data Source: 2012 County Health Rankings

***About 3-Year Trend:**

- **Green** upward arrow indicates positive (improving) 3-year trend.
- **Red** downward arrow indicates negative (worsening) 3-year trend.

Osceola County's *Rankings* by sub-categories (i.e., rankings that make up each overall ranking) are presented below:

Table 21: Osceola County Health Rankings by Sub-Category

Sub-Category	2010 Ranking out of 67 Counties	2011 Ranking out of 67 Counties	2012 Ranking out of 67 Counties	3-Year Trend*
Health Outcomes - *Mortality*	14th	10th	15th	↓
Health Outcomes - *Morbidity*	46th	43rd	33rd	↑
Health Factors - *Health Behaviors*	22nd	25th	30th	↓
Health Factors – *Clinical Care*	48th	50th	54th	↓
Health Factors – *Social & Economic*	30th	31st	37th	↓
Health Factors - *Physical Environment*	29th	41st	47th	↓

Data Source: 2012 County Health Rankings

***About 3-Year Trend:**

- **Green** upward arrow indicates positive (improving) 3-year trend.
- **Red** downward arrow indicates negative (worsening) 3-year trend.

MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

Table 22 shows Osceola County results segmented for the ***Health Outcomes*** category:

Table 22: Osceola County Health Rankings – Snapshot of Health Outcomes					
Health Outcome Category ***Osceola County Rank = 23rd of 67 counties***	**Osceola 2012***	**Osceola Trend (2010-2012)**	**Florida 2012**	**National Benchmark 2012****	
Mortality Indicator					
Premature Death *"Years of potential life lost before age 75 per 100,000 population"*	**7,313**		7,781	5,466	↓
Morbidity Indicators					
Poor or fair health *"percent of adults reporting fair or poor health (age-adjusted)"*	**18%**		15%	10%	↓
Poor physical health days *"Average number of physically unhealthy days reported in past 30 days (age-adjusted)"*	**4.4**		3.5	2.6	↓
Poor mental health days *"Average number of mentally unhealthy days reported in past 30 days (age-adjusted)"*	**3.7**		3.6	2.3	↓
Low birth weight *"Percent live births with low birth weight (<2500 grams)"*	**8.3%**		6.0%	8.6%	--
Data Source: 2012 County Health Rankings					

***About Osceola 2012 rate:**

- **Green** highlight indicates Osceola compares favorably (or better) than the Florida rate.
- **Red** highlight indicates Osceola compares unfavorably (or worse) than the Florida rate.

****About the National Benchmark:**

- Set at the 90th percentile. Only 10% of counties nationwide are better than the measure.
- The arrows indicate the direction Osceola County needs to go to achieve improvement in the health outcome indicator in comparison with National Benchmark.

MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

Table 23 shows Osceola County results segmented for the ***Health Factors*** category:

Table 23 –Osceola County Health Rankings – Snapshot of Selected Health Factors					
Health Factors Category *Osceola County Rank = 41st of 67 counties*	**Osceola 2012***	**Osceola Trend (2010-2012)**	**Florida 2012**	**National Benchmark 2012***	
Health Behaviors Indicator					
Adult smoking *"Percent of adults currently smoke cigarettes"*	**22%**		19%	14%	↓
Adult obesity *"Percent of adults who report a BMI>=30"*	**29%**		26%	25%	↓
Sexually transmitted diseases *"Chlamydia rate per 100,000 population"*	**382**		398	84	↓
Teen birthrate – ages 15-19 *"Teen birth rate per 1,000 female population"*	**54**		44	22	↓
Clinical Access Indicators					
Primary care physicians *"Ratio of population to primary care physician"*	**1559:1**		983.1	631:1	↑
Dentists *"Ratio of population to dentist"*	**4879:1**	---	2525:1	---	---
Mental health providers *"Ratio of population to mental health provider"*	**22,217:1**	---	3441:1	---	---
Preventable hospital stays *"Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees"*	**91**		64	49	↓
Social & Economic Indicators					
Violent crime rate *"Violent crime rate per 100,000 population"*	**612**		674	73	↓
Data Source: 2012 County Health Rankings					

***About Osceola 2012 rate:**

- **Green** highlight indicates Osceola compares favorably (or better) than the Florida rate.
- **Red** highlight indicates Osceola compares unfavorably (or worse) than the Florida rate.

****About the National Benchmark:**

- Set at the 90th percentile. Only 10% of counties nationwide are better than the measure.
- The arrows indicate the direction Osceola County needs to go to achieve improvement in the health outcome indicator in comparison with National Benchmark.

MORTALITY RATES AND LEADING CAUSES OF DEATH

Mortality rates are key indicators of the community's "**State of Health.**" Behavior modification and risk reduction can have a significant influence on mortality rates. The mortality rate is the number of deaths in a population, scaled to the size of that population, per unit in time. Mortality rate is typically expressed in units of deaths per 100,000 individuals.

Since diseases, deaths, injuries, and other health outcomes occur at different rates in different age groups, many of the following data (where indicated) are represented as **age-adjusted rates.** This statistical tool allows communities with different age structures to be compared.

The table below summarizes three-year age-adjusted mortality rates for leading causes of death for all races. The leading cause of death in Osceola County is coronary heart disease, followed by chronic lower respiratory diseases, stroke, and lung cancer. Of note, while lung cancer is the fourth leading cause of death in Osceola County, the rate is lower (better) than the rates for the peer counties, state, and Healthy People 2020 goal.

Table 24: Leading Causes of Death All Races – 2008-2010
Standard = 3-Year Age-Adjusted; Rates per 100,000 population

Cause of Death	Osceola County	Peer Counties (average)	Florida	Healthy People 2020 Goal
Coronary Heart Disease	**126.4**	116.0	108.1	100.8
Stroke	**35.6**	38.2	31.5	33.8
Heart Failure	**11.6**	11.0	8.0	--
Lung Cancer	**35.1**	59.9	47.2	45.5
Colorectal Cancer	**16.3**	15.5	14.6	14.5
Breast Cancer	**24.4**	22.9	21.0	20.6
Prostate Cancer	**20.7**	19.7	18.2	21.2
Cervical Cancer	**3.0**	1.4	2.7	2.2
Melanoma – Skin Cancer	**2.3**	5.0	2.8	2.4
Chronic Lower Respiratory Diseases	**45.8**	58.6	38.7	--
Diabetes	**24.4**	22.3	19.9	65.8
Unintentional Injuries	**32.5**	42.4	43.1	36.0
Motor Vehicle Crash	**13.8**	14.1	14.1	12.4
Suicide	**9.2**	18.3	13.9	10.2

Data Source: *www.FloridaCHARTS.com*

Where highlighted in **RED**, the Osceola County rate is unfavorably higher (or worse) than the State rate and/or the Peer County average rate.

Where highlighted in **GREEN**, the Osceola County rate is favorably lower (or better) than the State rate and/or the Peer County average rate.

HEALTH EQUITY

Health disparate populations are typically considered those of minority race and ethnicity. When a health outcome is seen in a greater extent in certain populations it is considered a health disparity. An individual's race, ethnicity, sex, age, disability, socioeconomic status, and geographic location all can have an effect on health outcomes.

Social determinants also can have a significant impact on health outcomes of certain populations. These social determinants include poverty, education level, high unemployment, transportation barriers, lack of adequate housing, lack of access to services, poor personal health practices, lack of access to nutritional foods, neighborhood safety, and low coping skills. This network of interacting stress factors increases the likelihood for physical and mental health problems. The Harvard School of Public Health's *Health-Wealth Gradient*, an evidence-based link between low income and health status, suggests that at each step down the social class pyramid, people tend to be sicker and die sooner.

California Newsreel's critically acclaimed documentary series, "*Unnatural Causes: Is Inequality Making Us Sick?"* is a seven segment video series produced in association with the Boston Public Health Commission. It chronicles evidenced-based study results on the effects of life-long racism and social determinants on the health of individuals in minority populations. The series suggest there is much more to our health than bad habits, health care, or unlucky genes. The social circumstances in which we are born, live, and work can actually affect our health as much as germs and viruses. The evidence suggests that more equitable social policies, secure living-wage jobs, affordable housing, racial justice, good schools, community empowerment, and family supports are health issues just as critical as diet, tobacco use, and exercise.

Osceola County's population characteristics are presented in the table below:

Table 25: Population Characteristics

				Within Osceola County		
	US	Florida	Osceola	Kissimmee	Poinciana	St. Cloud
White (not Hispanic)	63.4%	57.5%	39.6%	26.2%	22.6%	62.1%
Black / African American (not Hispanic)	13.1%	16.5%	12.8%	12.4%	24.5%	5.8%
Asian	5.0%	2.6%	3.0%	3.4%	0.4%	1.7%
Hispanic (all races)	16.7%	22.9%	46.3%	58.9%	51.2%	29.2%

Data Source: US Census Bureau, 2010-2011

The data show that within Osceola County, those population segments considered to be at greater risk for health disparities, Black/African American and Hispanic, represent the majority. The combined Black/African American and Hispanic populations are: Osceola County, 59%; Kissimmee, 71%; and Poinciana, 76%. These percentages are of considerable interest when evaluating Osceola County's health status outcomes.

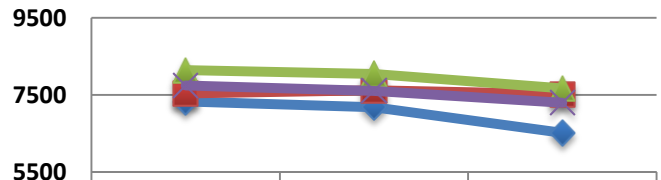
MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

YEARS OF POTENTIAL LIFE LOST

Indicator: Years of Potential Life Lost (YPLL) before age 75 per 100,000 population.

Importance:
YPLL is an estimate of premature mortality that is defined as the number of years of life lost among persons who die before a given age, in this case 75 years. Deaths that occur at age 75 or greater are excluded from this measure. By examining premature mortality rates and investigating the underlying causes, resources can be targeted toward strategies that help to extend years of life.

Years of Potential Life Lost < Age 75
Rate per 100,000 Population
Source: County Profile Report, www.FloridaCHARTS.com



	2002-2004	2005-2007	2008-2010
Osceola County	7324.2	7179	6510.2
Peer County Average	7535.9	7620.3	7513.7
State Total Average	8138.1	8042.2	7664.1
Regional Peer Average	7741.1	7603.2	7297.8

- Osceola County's YPLL rate has trended lower over the three reporting periods.
- Osceola County's rates have remained favorably lower than the state, Peer Counties, and Regional Peers.

Figure 36: Years of Potential Life Lost < Age 75

*Regional Peer Average is a rate of comparison that includes counties in the metropolitan statistical area -- Orange, Brevard, and Seminole counties.

* *Peer Average, as determined by the U.S. Department of Health & Human Services Community Health Status indicators, includes Okaloosa and Santa Rosa counties.
www.communityhealth.hhs.gov/homepage.aspx

County Health Rankings & Roadmaps
A Healthier Nation, County by County

In the *2012 County Health Rankings*, Osceola County ranked favorably as **number 15 out of Florida's 67 counties** for the YPLL mortality health indicator.

CANCER DEATH RATE

Indicator: Age-adjusted death rate (AADR) per 100,000 population due to cancer.

Importance: Cancer is one of the leading causes of death in the United States. The CDC report for *U.S. Cancer Statistics* indicated the most common cancers among men are prostate, lung, and colorectal. For women, the most common cancers are breast, lung, and colorectal.
When considering health disparities among populations, the following charts present cancer rates for the Osceola Peer Counties and the State:

Table 26: Prostate Cancer
AADR 3-Year Rates 2009-2011

Race/Ethnicity	Osceola	Regional Peers	Peer Counties	Florida
White	19.3	21.0	17.6	16.3
Black	39.8	50.0	59.8	42.5
Hispanic	20.8	14.4	26.0	16.9
All	21.8	23.0	18.7	18.0

Source: www.FloridaCHARTS.com

- Prostate cancer rates are double for the Black population as compared to White population.
- Osceola's rate for Black population is lower (better) than regional peers, peer counties, and the state.

The Healthy People (HP) 2020 target is to reduce the overall prostate cancer death rate to 21.3 deaths per 100,000 population. Osceola County's rate is 21.8 deaths per 100,000, or just slightly higher (worse). ***Our community is better than the HP 2020 goal for Whites and Hispanics.***

- Osceola's breast cancer rate is higher (worse) than regional peers, peer counties, and the state for Whites and Hispanics. Blacks are lower (better) than all others. ***Hispanics and Blacks are better than the HP 2020 goal of 20.6.***

Table 27: Breast Cancer
AADR 3-Year Rates 2009-2011

Race/Ethnicity	Osceola	Regional Peers	Peer Counties	Florida
White	25.9	23.5	21.8	20.2
Black	13.5	22.6	33.8	27.1
Hispanic	18.5	13.5	8.8	14.8
All	23.6	23.0	21.9	20.9

Source: www.FloridaCHARTS.com

Table 28: Colorectal Cancer
AADR 3-Year Rates 2009-2011

Race/Ethnicity	Osceola	Regional Peers	Peer Counties	Florida
White	14.9	15.9	16.2	13.9
Black	10.0	17.0	16.5	18.0
Hispanic	12.0	10.5	10.2	13.5
All	14.1	15.8	16.0	14.3

Source: www.FloridaCHARTS.com

- Osceola's overall colorectal cancer rate is similar to regional and county peers and state.
- ***Osceola's rates for overall, Blacks, and Hispanics are better than HP 2020 goal of 14.5.***

MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS - CONTINUED

CANCER DEATH RATE – CONTINUED

Table 29: Lung Cancer *AADR 3-Year Rates 2009-2011*				
Race/Ethnicity	**Osceola**	**Regional Peers**	**Peer Counties**	**Florida**
White	39.6	50.3	63.7	47.6
Black	20.4	38.5	49.1	37.4
Hispanic	20.1	15.5	*	22.8
All	36.1	47.9	62.4	46.1
Source: www.FloridaCHARTS.com				

*Sample size too small to calculate.

- Osceola's lung cancer rate is better for all population groups, except Hispanics, when compared to regional and county peers and the state.
- Osceola's Hispanic rate is worse than the regional peers and better than the state.

The HP 2020 target is to reduce the lung cancer death rate to 45.5 deaths per 100,000 population. ***Osceola County's rate is 36.1 per 100,000 – our community is better than the HP 2020 target in all population groups.***

- Osceola's cancer rate for all types is better for all population groups, except Hispanics, than the regional and county peers and the state.
- Osceola's Hispanic rate is worse than the regional and county peers and slightly better than the state.

Table 30: All Cancers *AADR 3-Year Rates 2009-2011*				
Race/Ethnicity	**Osceola**	**Regional Peers**	**Peer Counties**	**Florida**
White	160.4	173.0	192.7	161.6
Black	114.3	166.2	190.8	170.7
Hispanic	110.9	94.8	76.9	113.6
All	152.6	169.3	192.1	161.1
Source: www.FloridaCHARTS.com				

The HP 2020 target is to reduce the overall cancer death rate to 160.6 deaths per 100,000 population. Osceola County's 3-year rate 2009-2011 is 152.6 for all population groups. ***Our community is better than the HP 2020 goal in all population groups.***

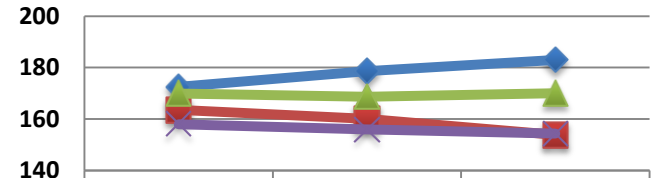
MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

CARDIOVASCULAR DISEASES - HEART DISEASE & CORONARY HEART DISEASE DEATH RATE

Indicator: Age-adjusted death rate per 100,000 due to heart and coronary heart disease.

Importance: **Heart disease** is one of the leading causes of death in the United States, accounting for 25% of deaths.[20] Heart disease is a broad term used to describe a range of diseases that affect the heart including diseases of the blood vessels, such as coronary artery disease; heart rhythm problems (arrhythmias); heart infections; and congenital heart defects. **Coronary heart disease** includes heart attack and chest pain. In 2010, coronary heart disease alone was projected to cost $108.9 billion, including the cost of health care services, medications, and lost productivity.[21]

Age-Adjusted Heart Disease Death Rate
Rate per 100,000 Population, 3-Year Rolling Rates
Source: www.FloridaCHARTS.com

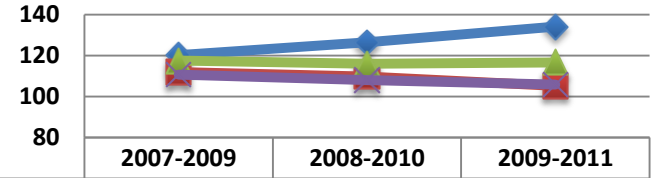


	2007-2009	2008-2010	2009-2011
Osceola County	172.5	178.6	183
Regional Peer Average	163.5	160	153.8
Peer Counties Average	169.9	168.7	170
State Total Average	158	156	154.3

- Osceola's trend for **heart disease** death rates is worse than regional and county peers and the state.
- Osceola's trend has gotten worse while regional peers and the state have improved.

Figure 37: Heart Disease Death Rate

Age-Adjusted Coronary Heart Disease Death Rate
Rate per 100,000 Population, 3-Year Rolling Rates
Source: www.FloridaCHARTS.com



	2007-2009	2008-2010	2009-2011
Osceola County	120.3	126.4	134.1
Regional Peer Average	111.9	109.8	105.3
Peer Counties Average	117.5	116	116.7
State Total Average	110.7	108.1	105.8

- Osceola's trend for **coronary heart disease** death rates is worse than regional and county peers and the state.
- Osceola's trend has gotten worse while regional peers and the state have improved.

Figure 38: Coronary Health Disease Death Rate

Healthy People 2020

The HP 2020 national health target is to reduce the coronary heart disease death rate to 100.8 per 100,000. In 2010 Osceola's rate of 134.1 is significantly worse.

[20] National Center for Health Statistics, 2011
[21] American Heart Association

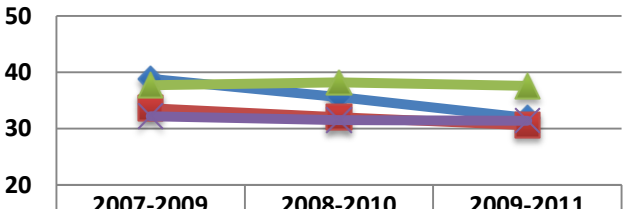
MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

CARDIOVASCULAR DISEASES - STROKE DEATH RATE

Indicator: Age-adjusted death rate per 100,000 population due to stroke.

Importance: Stroke causes nearly 1 of every 18 deaths, making it the fourth leading cause of death in the United States. In 2010, stroke-related medical costs and disability amounted to approximately $73.7 billion. [22] The most important modifiable risk factors for stroke are high blood pressure, high cholesterol, and diabetes.

Age-Adjusted Stroke Death Rate
Rate per 100,000 Population, 3-Year Rolling Rates
Source: www.FloridaCHARTS.com

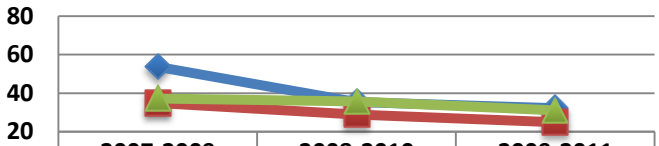


	2007-2009	2008-2010	2009-2011
Osceola County	38.8	35.6	31.9
Regional Peer Average	33.6	32	30.6
Peer Counties Average	37.7	38.2	37.6
State Total Average	32.2	31.5	31.4

▼ Although Osceola's stroke death rate for 2009-2011 is higher than both regional peer and state average, Osceola's trend has shown marked improvement over the three measurement periods.

Figure 39: Stroke Death Rate

Age-Adjusted Stroke Death Rate by Race & Ethnicity
Rate per 100,000 Population, 3-Year Rolling Rates
Source: www.FloridaCHARTS.com



	2007-2009	2008-2010	2009-2011
Osceola - Black	53.7	35.4	32.2
Osceola - Hispanic	34.9	29	25
Osceola - White	37.3	35.7	31.1

▼ In terms of potential health disparity, Osceola's trend for stroke death rate for the Black population has improved and was just slightly higher than the White population during 2009-2011.

Figure 40: Stroke Death Rate by Race & Ethnicity

The HP 2020 national health target is to reduce the stroke deaths to 33.8 deaths per 100,000 population. **Osceola County's overall rate of 31.9 per 100,000 for 2009-2011 is better than the HP 2020 goal. Additionally, Osceola County's population segmented by race and ethnicity is better than the HP 2020 goal.**

[22] American Stroke Association

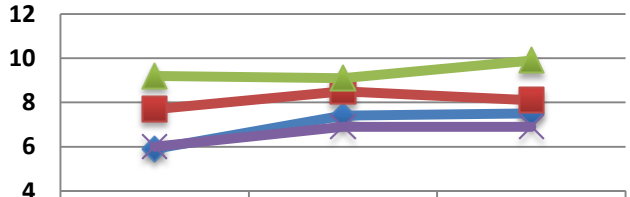
MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

CARDIOVASCULAR DISEASES - HYPERTENSION DEATH RATE

Indicator: Age-adjusted death rate per 100,000 population due to hypertension.

Importance: While cardiovascular death rates have improved overall, people who also have hypertension as a co-morbid condition have not shown the same rate of improvement. For example, death rates for diseases of the circulatory system fell about 46% for those without hypertension and only 37% for those with hypertension. Stroke deaths dropped 51% for those without hypertension and just 39% for those with hypertension. Deaths from heart disease declined 46% for those without hypertension and 35% for those with hypertension.[23]

Age-Adjusted Hypertension Death Rate
Rate per 100,000 Population, 3-Year Rolling Rates
Source: www.FloridaCHARTS.com

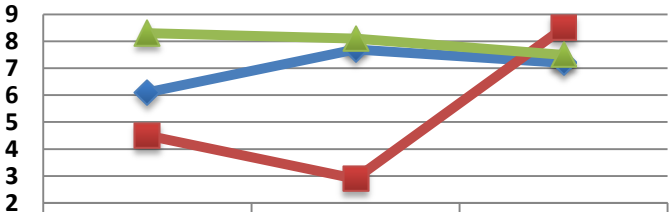


	2007-2009	2008-2010	2009-2011
Osceola County	5.9	7.4	7.5
Regional Peer Average	7.7	8.5	8.1
Peer County Average	9.2	9.1	9.9
State Total Average	6	6.9	6.9

Figure 41: Hypertension Death Rate

- Osceola's death rate from hypertension has remained below (better) than regional and county peers.
- Osceola's trend has been slightly above the State.

Age-Adjusted Hypertension Death Rate by Race & Ethnicity
Rate per 100,000 Populationa, 3-Year Rolling Rates
Source: www.FloridaCHARTS.com



	2007-2009	2008-2010	2009-2011
Osceola-White	6.1	7.7	7.2
Osceola-Black	4.5	2.9	8.5
Osceola-Hispanic	8.3	8.1	7.5

Figure 42: Hypertension Death Rate by Race & Ethnicity

- In terms of potential health disparity, Osceola's death rate from hypertension has been higher (worse) in the Hispanic population.
- **FloridaCHARTS Statistical Note re: hypertension trend for Black population:** Use caution when interpreting rates based on small numbers of events. Mortality rates are considered unstable (i.e., erratic trend) if based on a denominator (population at risk) of fewer than 20. Use of this tool is for statistical purposes only.

[23] Circulation, April 26, 2011

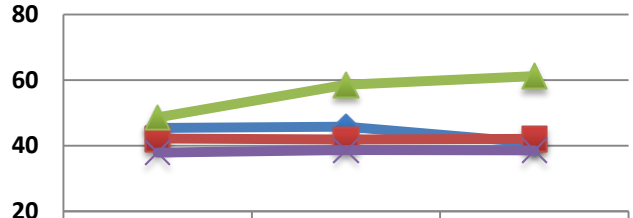
MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

RESPIRATORY DISEASES – CHRONIC LOWER RESPIRATORY DISEASE (CLRD) DEATH RATE

Indicator: Age-adjusted death rate per 100,000 population due to CLRD.

Importance:
Chronic Lower Respiratory Diseases (CLRD) includes both Chronic Obstructive Pulmonary Disease (COPD) and asthma. It was the third leading cause of death in the United States in 2008. [24] CLRD / COPD are characterized by obstruction to air flow and include diseases such as asthma, chronic bronchitis, and emphysema. COPD is caused primarily by long-term smoking, and is also associated with exposure to air pollutants, genetic factors, and respiratory infections. The damage to the lungs cannot be reversed, so treatment focuses on controlling symptoms and minimizing further damage. [25] In 2010, the health care cost in the United States for CLRD/COPD was approximately $49.9 billion. [26]

Age-Adjusted CLRD Death Rate
Rate per 100,000 Population, 3-Year Rolling Rates
Source: www.FloridaCHARTS.com



	2007-2009	2008-2010	2009-2011
Osceola County	45.4	45.8	40.9
Regional Peer Average	42.2	41.9	42.1
Peer County Average	48.6	58.6	61.2
State Total Average	37.9	38.7	38.6

- Osceola's death rate from CLRD is similar to the regional peer and slightly higher (worse) than the state.
- While the trend for Osceola has been decreasing (getting better) since 2007-2009, the regional peer and the state have remained level. The peer county trend has increased substantially.

Figure 43: CLRD Death Rate

[24] Centers for Disease Control and Prevention
[25] Mayo Clinic
[26] U.S. Department of Health and Human Services

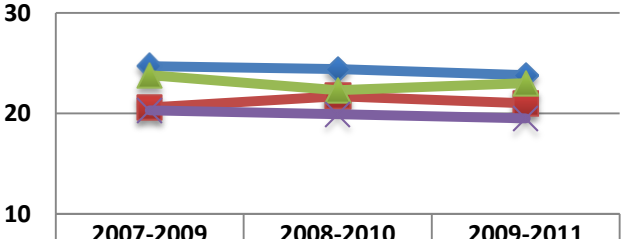
MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

DIABETES DEATH RATE

Indicator: Age-adjusted death rate per 100,000 population due to diabetes.

Importance:
Diabetes is marked by high levels of blood glucose, also called blood sugar. This results from defects in insulin production, insulin action, or both. Diabetes is a leading cause of death in the United States and an estimated 7.8% of the population has diabetes. The prevalence of type 2 diabetes increased six-fold in the latter part of the last century, mainly from risk factors such as obesity and physical inactivity. Age, race, and ethnicity also are risk factors.

Age-Adjusted Diabetes Death Rate
Rate per 100,000 Population, 3-Year Rolling Rates
Source: www.FloridaCHARTS.com

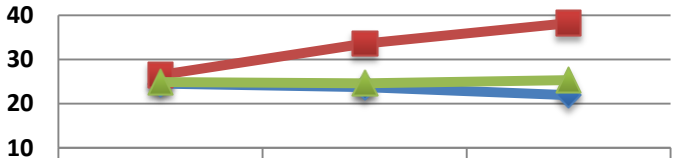


	2007-2009	2008-2010	2009-2011
Osceola County	24.7	24.4	23.8
Regional Peer Average	20.6	21.7	21
Peer County Average	23.8	22.3	23
State Total Average	20.3	19.9	19.5

Figure 44: Diabetes Death Rate

- Osceola's diabetes death rate trend has remained higher (worse) than the regional and peer counties and the state.

Age-Adjusted Diabetes Death Rate by Race & Ethnicity
Rate per 100,000 Population, 3-Year Rolling Rates
Source: www.FloridaCHARTS.com



	2007-2009	2008-2010	2009-2011
Osceola - White	24.5	23.7	21.9
Osceola - Black	26.5	33.6	38.2
Osceola - Hispanic	24.9	24.6	25.3

Figure 45: Diabetes Death Rate by Race & Ethnicity

- In terms of potential health disparity, Osceola's diabetes death rate trend has remained level for Hispanics and decreased (better) for Whites. The Hispanic rate is slightly higher (worse) than the White rate.
- The trend for the Black population shows a steep incline (worsening) and is higher than the White and Hispanic populations.

Healthy People 2020

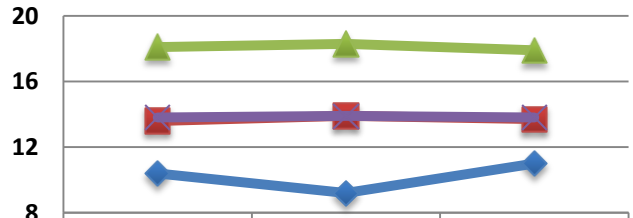
The HP 2020 national health target is to reduce the diabetes deaths to 65.8 per 100,000 population. **Osceola County is better in all population groups.**

DEATH RATE FROM SUICIDES (ALL MEANS)

Indicator: Age-adjusted death rate per 100,000 population due to suicide (all means).

Importance:
Suicide is a national public health problem. Studies show that while men are four times more likely than women to die from suicide, three times more women than men report attempting suicide. Suicide rates are high among the middle-aged and older adult populations.[27]

Age-Adjusted Suicide (All Means) Death Rate
Rate per 100,000 Population, 3-Year Rolling Rates
Source: www.FloridaCHARTS.com



	2007-2009	2008-2010	2009-2011
Osceola County	10.4	9.2	11
Regional Peer Average	13.6	13.9	13.7
Peer County Average	18.1	18.3	17.9
State Total Average	13.8	13.9	13.8

▼ Osceola's death rate trend from suicide has remained lower (better) than regional and county peers and the state.

Figure 46: Suicide (All Means) Death Rate

The HP 2010 national health target is to reduce the suicide rate to 10.2 deaths per 100,000 population. Osceola County's rate, which was lower (better) than the HP 2020 rate in 2008-2010, is close to meeting the target in 2009-2011.

As highlighted in the *2012 County Health Rankings*, evidence has demonstrated that poor family and social support is associated with increased morbidity and early mortality. Those individuals without adequate support may have an increased risk for adverse health outcomes, including mental health problems such as substance abuse, depression, and suicide. The ***"Health Factors"*** ranking in the *2012 County Health Rankings* consists of sub-ranking measures for "Social & Economic" indicators such as "inadequate social support." For this indicator, 25% of Osceola County's adult residents reported they are without adequate social/emotional support. This compares with 21% for Florida and 14% for the national benchmark.

[27] Centers for Disease Control and Prevention

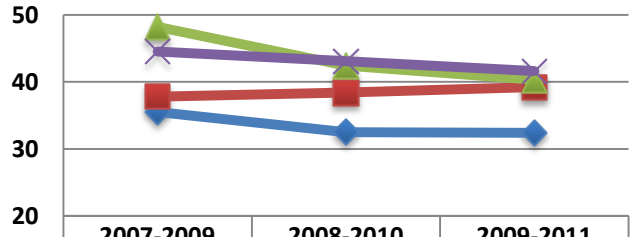
MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

DEATH RATE FROM UNINTENTIONAL INJURIES & HOMICIDE

Indicator: Age-adjusted death rate per 100,000 population due to unintentional injuries.

Importance:
Unintentional injuries include motor vehicle collisions, poisonings, and falls. Although unintentional injuries are a major cause of death in the United States regardless of age, gender, or race/ethnicity, it is the leading cause of death in the 1 to 44 year old age group.[28]

Age-Adjusted Unintentional Injury Death Rate
Rate per 100,000 Population, 3-Year Rolling Rates
Source: www.FloridaCHARTS.com



	2007-2009	2008-2010	2009-2011
Osceola County	35.5	32.5	32.4
Regional Peer Average	37.8	38.4	39.2
Peer County Average	48.2	42.4	40.3
State Total Average	44.5	43.1	41.6

- Osceola's unintentional injuries death rate trend has remained well below (better) than regional and county peers and the state.
- Osceola's rate has decreased each 3-year period.

Figure 47: Unintentional Injury Death Rate

The HP 2020 national health target is to reduce the deaths caused by unintentional injuries to 36 deaths per 100,000 population. ***Osceola County's rate of 32.4 is better than the HP 2020 goal.***

- Osceola's homicide death rate trend has remained below (better) than the regional and state rates and slightly higher (worse) than the peer county rate.

Table 31: Homicide (All Means) Death Rate
AADR per 100,000 Population, 3-Year Rolling Rates

	2007-2009	2008-2010	2009-2011
Osceola County	5.6	4.0	3.6
Regional Peer Average	6.8	6.2	5.7
Peer County Average	2.3	2.4	2.4
State Total Average	7.1	6.7	6.3

Source: www.FloridaCHARTS.com

[28] Centers for Disease Control and Prevention

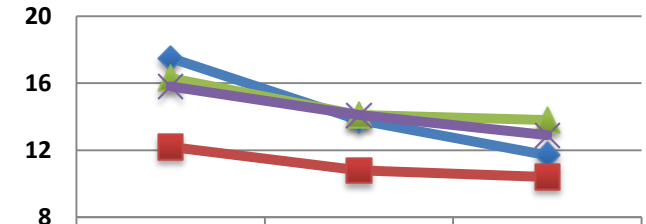
MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

DEATH RATE FROM MOTOR VEHICLE ACCIDENTS

Indicator: Age-adjusted death rate per 100,000 population due to motor vehicle crashes.

Importance:
Motor vehicle crashes are a leading cause of death in the United States, particularly among the 5 to 34 year old age range. Motor vehicle crashes cost the United States $230 billion per year in medical costs, lost productivity, travel delays, workplace costs, insurance costs, and legal costs.[29]

Age-Adjusted Motor Vehicle Crash Death Rate
Rate per 100,000, 3-Year Rolling Rates
Source: www.FloridaCHARTS.com



	2007-2009	2008-2010	2009-2011
Osceola County	17.5	13.8	11.7
Regional Peer Average	12.2	10.8	10.4
Peer County Average	16.3	14.1	13.8
State Total Average	15.8	14.1	12.9

- Osceola's trend for motor vehicle crash death rate has decreased (improved) from 17.5 to 11.7.
- Osceola's rate for 2009-2011 is lower (better) than the peer county average and the state average.

Figure 48: Motor Vehicle Accident Death Rates

The HP 2020 national health target is to reduce the deaths caused by motor vehicle crashes to 12.4 deaths per 100,000 population. ***Osceola County's 2009-2011 rate of 11.7 is better than the HP 2020 goal.***

[29] Report Card for America's Infrastructure, American Society of Civil Engineers

MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

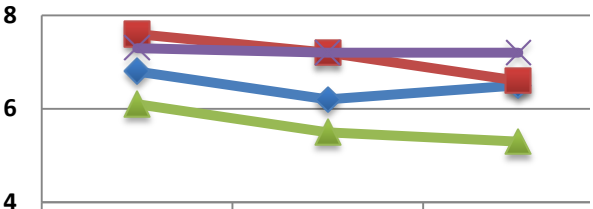
FETAL DEATH RATES

Improving the well-being of mothers, infants, and children is an important public health goal. Their well-being can affect the health of the next generation, and can offer insight into the future public health challenges for families, communities, and the health care system. A community can help reduce the risk of maternal and infant mortality and pregnancy-related complications by increasing access to quality health care before and between pregnancies. Healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.

Fetal Death Rate

Rate per 1,000 Deliveries, 3-Year Rolling Rate

Source: www.FloridaCHARTS.com



	2007-2009	2008-2010	2009-2011
Osceola County	6.8	6.2	6.5
Regional Peer Average	7.6	7.2	6.6
Peer County Average	6.1	5.5	5.3
State Total Average	7.3	7.2	7.2

- Fetal mortality is defined as death occurring ≥ 20 weeks gestation until the absence of life at delivery.
- Osceola's trend has decreased (improved) slightly over the three measurement periods. It has remained lower (better) than the regional and state averages.

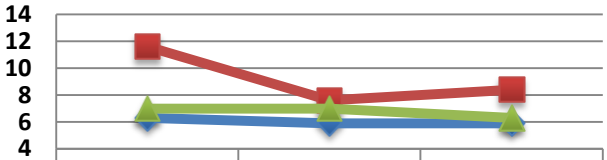
Figure 49: Fetal Mortality Rate

The HP 2020 target is to reduce fetal deaths to 5.6 per 1,000 live births. Osceola's rate is higher (worse) than the HP 2020 goal.

Fetal Death Rate by Race & Ethnicity

Rate per 1,000 Deliveries, 3-Year Rolling Rate

Source: www.FloridaCHARTS.com



	2007-2009	2008-2010	2009-2011
Osceola-White	6.3	5.9	5.9
Osceola-Black	11.6	7.6	8.4
Osceola-Hispanic	7	7	6.3

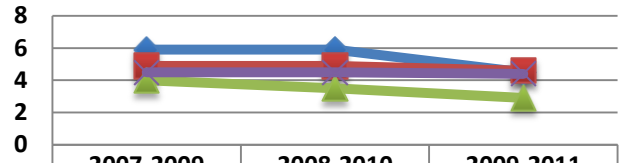
- In terms of health disparity, Osceola's fetal death rate trend has remained higher (worse) for the Black and Hispanic populations as compared to the White population.

Figure 50: Fetal Mortality Rate by Race & Ethnicity

MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

NEONATAL DEATH RATES

Neonatal Death Rate
Rate per 1,000 Live Births, 3-Year Rolling Rate
Source: www.FloridaCHARTS.com

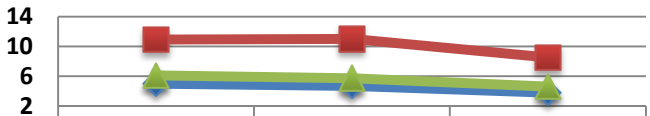


	2007-2009	2008-2010	2009-2011
Osceola County	5.9	5.9	4.5
Regional Peer Average	4.9	4.9	4.6
Peer County Average	4	3.5	2.9
State Total Average	4.5	4.5	4.4

Figure 51: Neonatal Mortality Rate

- Neonatal mortality is defined as death from the time of birth through the first 28 completed days of life.
- Although Osceola's neonatal death rate trend has decreased (improved) slightly over the three measurement periods, it has remained higher (worse) than the regional and county peer averages and the state average.

Neonatal Death Rate by Race & Ethnicity
Rate per 1,000 Live Births, 3-Year Rolling Rate
Source: www.FloridaCHARTS.com



	2007-2009	2008-2010	2009-2011
Osceola-White	5	4.7	3.8
Osceola-Black	10.9	11	8.5
Osceola-Hispanic	6.1	5.7	4.6

Figure 52: Neonatal Mortality Rate by Race & Ethnicity

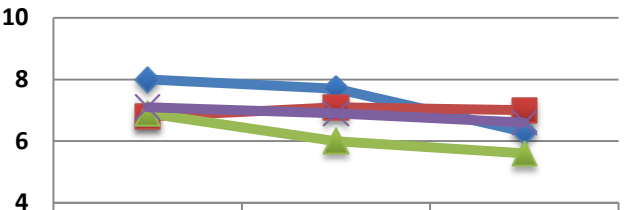
- In terms of health disparity, Osceola's neonatal death rate is significantly higher (worse) for the Black population.
- The Hispanic population remains higher (worse) than the White population.

The HP 2020 national health target is to reduce the neonatal death rate to 4.1 deaths per 1,000 live births. While Osceola County's 2009-2011 overall rate of 4.5 (above in *Figure 3: Neonatal Mortality Rate*) and Hispanic rate of 4.6 is nearly at the target, the White rate of 3.8 is better than the target. Osceola County's rate of 8.5 for the Black population is double (worse than) the HP 2020 target.

MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

INFANT DEATH RATES

Infant Death Rate
Rate per 1,000 Live Births, 3-Year Rolling Rate
Source: www.FloridaCHARTS.com

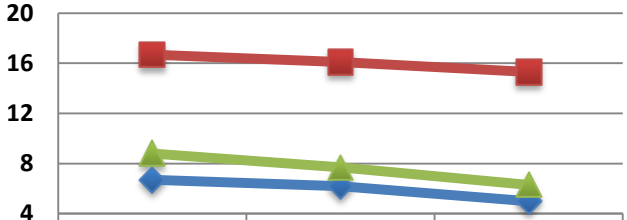


	2007-2009	2008-2010	2009-2011
Osceola County	8	7.7	6.3
Regional Peer Average	6.8	7.1	7
Peer County Average	6.9	6	5.6
State Total Average	7.1	6.9	6.6

- Infant mortality is defined as death from the time of birth through the first year of life.
- Osceola's infant death rate trend has decreased (improved) over the three measurement periods; it has remained lower (better) than the regional peer average and the state average.

Figure 53: Infant Mortality Rate

Infant Death Rate by Race & Ethnicity
Rate per 1,000 Live Births, 3-Year Rolling Rate
Source: www.FloridaCHARTS.com



	2007-2009	2008-2010	2009-2011
Osceola-White	6.7	6.2	5
Osceola-Black	16.7	16.1	15.3
Osceola-Hispanic	8.8	7.7	6.3

- In terms of health disparity, Osceola's infant death rate is significantly higher (worse) for the Black population, over twice that of the Hispanic and White populations.

Figure 54: Infant Mortality Rate by Race & Ethnicity

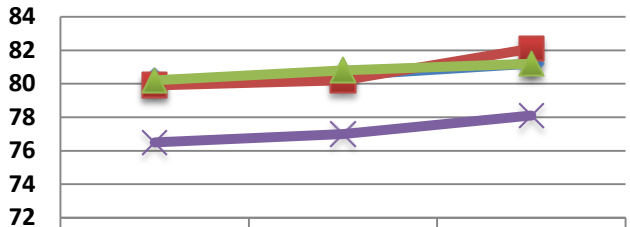
Healthy People 2020

The HP 2020 national health target is to reduce the infant death rate to 6.0 deaths per 1,000 live births. Osceola County's 2009-2011 Hispanic rate of 6.3 is slightly above the target. The White population's rate of 5.0 is lower (better) than the target. The Black population's rate of 15.3 is more than twice (worse than) the HP 2020 target.

MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

PRENATAL CARE & PREMATURITY

1st Trimester Prenatal Care
Percent of Births W/ Known Prenatal Care Status, 3-Year Rolling Rate
Source: www.FloridaCHARTS.com



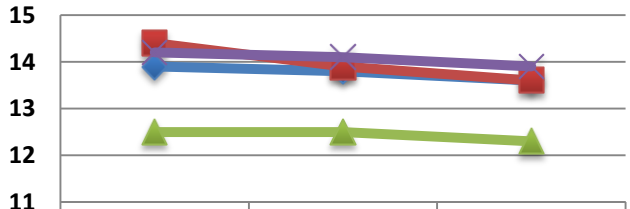
	2006-2008	2007-2009	2008-2010
Osceola County	80.2	80.5	81.2
Regional Peer Average	79.9	80.2	82.1
Peer County Average	80.2	80.8	81.2
State Total Average	76.5	77	78.1

Figure 55: 1st Trimester Prenatal Care

- Osceola's 1st trimester of prenatal care rate has improved slightly over the three measurement periods.
- Osceola's rate is better than the state average and similar to the regional and county peer averages.
- **Of note:** Data reported in FloridaCHARTS for trimester of prenatal care was obtained from the Florida Department of Health's Bureau of Vital Statistics.

The HP 2020 national health target is to increase the proportion of pregnant women who receive prenatal care in the first trimester to 77.9%. ***Osceola County's 2008-2010 rate of 81.2% is better than the target.***

Premature Births
Percent of Births < 37 Weeks Gestation, 3-Year Rolling Rate
Source: www.FloridaCHARTS.com



	2006-2008	2007-2009	2008-2010
Osceola County	13.9	13.8	13.6
Regional Peer Average	14.4	13.9	13.6
Peer County Average	12.5	12.5	12.3
State Total Average	14.2	14.1	13.9

Figure 56: Premature Births

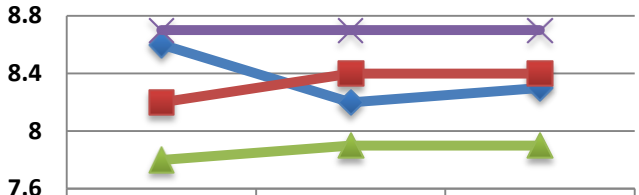
- Osceola's premature birth rate is similar to the regional and state averages and slightly worse than the peer county average.
- Osceola's rate has remained level over the three measurement periods.

The HP 2020 national health target is to reduce the preterm births to 11.4%. Osceola County's rate of 13.6% for 2008-2010 is worse than the HP 2020 target.

MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

LOW BIRTH WEIGHT RATES & TEEN BIRTHS

Low Birth Weight Births
Percent < 2,500 Grams, 3-Year Rolling Rate
Source: www.FloridaCHARTS.com



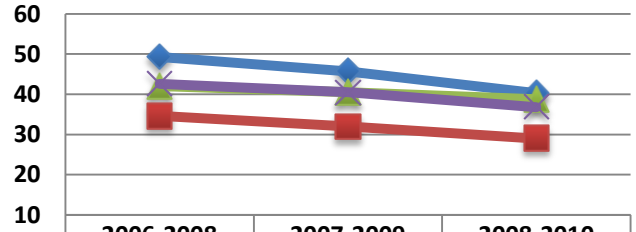
	2006-2008	2007-2009	2008-2010
Osceola County	8.6	8.2	8.3
Regional Peer Average	8.2	8.4	8.4
Peer County Average	7.8	7.9	7.9
State Total Average	8.7	8.7	8.7

- Osceola's low birth weight rate has decreased (improved) slightly over the three measurement periods.
- It is somewhat better than the regional and state averages.

Figure 57: Low Birth Weight Births

The HP 2020 national health target is to reduce the proportion of low birth weight births to 7.8%. Osceola County's 2008-2010 rate of 8.3% is worse than the HP 2020 target.

Teen Birth Rate
Rate per 1,000 Females 15-19 Years of Age, 3-Year Rolling Rate
Source: www.FloridaCHARTS.com



	2006-2008	2007-2009	2008-2010
Osceola County	49.3	45.7	40.3
Regional Peer Average	34.6	32	29
Peer County Average	42	40.5	38.8
State Total Average	42.6	40.5	36.8

- While Osceola's teen birth rate has decreased (improved) over the three measurement periods, it remains worse than the regional and county peer averages and the state average.

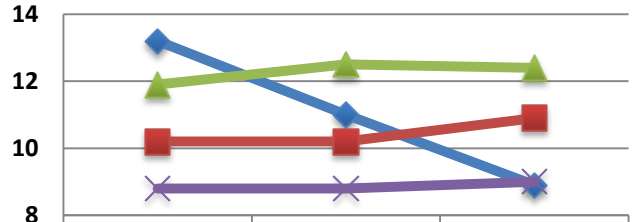
Figure 58: Teen Births Ages 15-19

The HP 2020 national health target is to reduce the pregnancy rate among adolescent females aged 15-17 years to 36.2 pregnancies per 1,000 females. Osceola County's rate, measured as females aged 15-19 years, cannot effectively be compared to the HP 2020 target.

MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

INFLUENZA & PNEUMONIA DEATH RATE

Age-Adjusted Influenza & Pneumonia Death Rate
Rate per 100,000 Population, 3-Year Rolling Rate
www.FloridaCHARTS



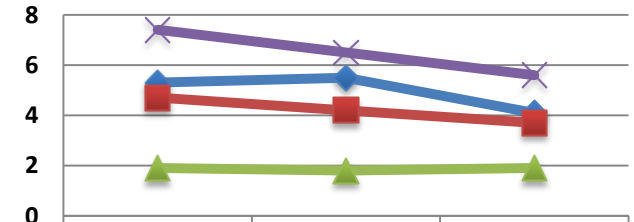
	2006-2008	2007-2009	2008-2010
Osceola County	13.2	11	8.9
Regional Peer Average	10.2	10.2	10.9
Peer County Average	11.9	12.5	12.4
State Total Average	8.8	8.8	9

▼ There has been a significant drop in Osceola's influenza and pneumonia death rate, which in 2008-10 was better than the regional and county peers and state averages.

Figure 59: Influenza & Pneumonia Death Rates

HIV/AIDS DEATH RATE

Age-Adjusted HIV/AIDS Death Rate
Rate per 100,000 Population, 3-Year Rolling Rate
www.FloridaCHARTS.com



	2006-2008	2007-2009	2008-2010
Osceola County	5.3	5.5	4.1
Regional Peer Average	4.7	4.2	3.7
Peer County Average	1.9	1.8	1.9
State Total Average	7.4	6.5	5.6

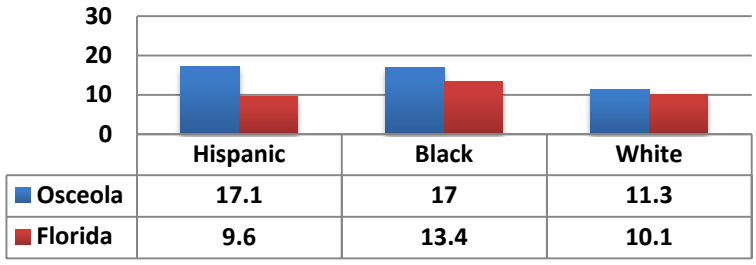
▼ While the HIV/AIDS death rate has decreased slightly and is better than the state average, it is worse than the regional and peer county averages.

Figure 60: HIV / AIDS Death Rates

MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

DIABETES PREVALENCE

Diabetes Prevalence by Race & Ethnicity
Percent Adults Diagnosed with Diabetes, Year 2010
Source: Minority Health Profile, www.FloridaCHARTS.com



	Hispanic	Black	White
Osceola	17.1	17	11.3
Florida	9.6	13.4	10.1

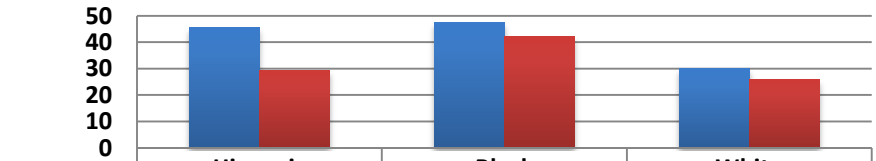
- In terms of potential health disparity, the prevalence of diabetes is higher in the Hispanic and Black populations than the White.
- Osceola's diabetes rate is worse than the state for all population subsets.

Figure 61: Diabetes Prevalence by Race & Ethnicity

Osceola County's measure, i.e., rate of diabetes prevalence, is not the same as the HP 2020 national health target measure, which is the annual number of *new cases* of diagnosed diabetes. It is interesting to note that the HP 2020 target is to reduce the annual number of *new cases of diagnosed diabetes* from 8.0 to 7.2 per 1,000 population.

OBESITY

Obesity Prevalence by Race & Ethnicity
Percent Adults with BMI >=30, Year 2010
Source: Minority Health Profile, www.FloridaCHARTS.com



	Hispanic	Black	White
Osceola	45.5	47.6	29.9
Florida	29.2	42	25.9

- Osceola's obesity prevalence is significantly worse for the Hispanic and Black populations than the White.
- Osceola's rate for each population subset is worse than the state averages.

Figure 62: Obesity Prevalence by Race & Ethnicity

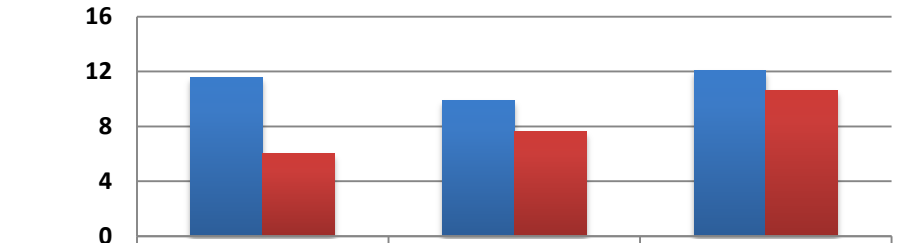
The HP 2020 national health target is to reduce the proportion of adults who are obese to 30.6%. While Osceola County's Hispanic and Black populations are worse than the HP 2020 target, the White population of 29.9% is slightly better.

MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

Cardiovascular Disease Prevalence by Race & Ethnicity

Percent Adults - Heart Attack, Angina, or Coronary Heart Disease, Year 2010

Source: Minority Health Profile, www.FloridaCHARTS.com



	Hispanic	Black	White
Osceola	11.6	9.9	12.1
Florida	6	7.6	10.6

- Osceola's cardiovascular disease prevalence rate is worse in the Hispanic and White populations than the Black.
- Osceola's rate for each population subset is worse than the state averages.

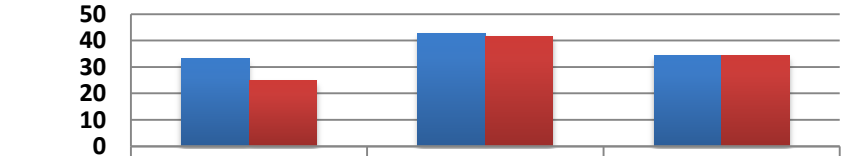
Figure 63: Cardiovascular Prevalence by Race & Ethnicity

One of the HP 2010 national health targets that is still in the developmental stage is to increase overall cardiovascular health in the U.S. population. This target has not yet been published.

Hypertension by Race & Ethnicity

Percent Adults Diagnosed with Hypertension - Year 2010

Source: Florida Behavioral Risk Factor Surveillance Survey



	Hispanic	Black	White
Osceola	33.1	42.8	34.5
Florida	24.8	41.7	34.4

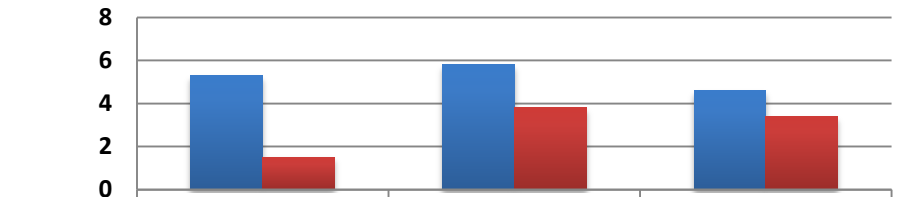
- Osceola's rate of hypertension is worse in the Black and White populations than the Hispanic.
- Although Osceola's rate is similar to the state average for the Black and White populations, the Hispanic rate is significantly worse that the state Hispanic average.

Figure 64: Hypertension by Race & Ethnicity

The HP 2020 national health target is to reduce the proportion of adults 18 years and older with hypertension to 26.9%. Osceola County's rate for all population subsets is worse than the HP 2020 target.

MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

Stroke by Race & Ethnicity
Percent Adults Who Ever Had a Stroke, Year 2010
Source: Minority Health Profile, www.FloridaCHARTS.com

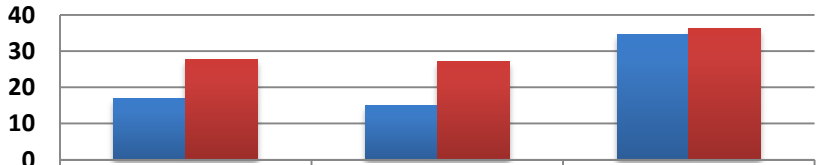


	Hispanic	Black	White
Osceola	5.3	5.8	4.6
Florida	1.5	3.8	3.4

- Osceola's incidence of stroke is worse in the Hispanic and Black populations when compared to the White.
- Osceola's rate for each population subset is worse than the state averages.
- Of note, Osceola's Hispanic rate is significantly worse than the state Hispanic average.

Figure 65: Stroke by Race & Ethnicity

Percent Adults Meeting Moderate Physical Activity Recommenations - Year 2010
Source: www.FloridaCHARTS.com



	Hispanic	Black	White
Osceola	16.9	15.1	34.6
Florida	27.7	27.1	36.2

- Osceola's rate of adults getting enough physical activity is worse in all population subsets when compared to the state averages.
- The Hispanic and Black populations show a significantly lower percentage of physical activity compared to the White population.

Figure 66: Moderate Physical Activity Recommendations

The HP 2020 national health target is to increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity to 47.9%. Moderate intensity is defined as at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination. Osceola County's rate for all population subsets is worse than the HP 2020 goal, particularly in the Hispanic and Black populations.

PRIMARY CARE PROVIDER SHORTAGES

Osceola County is federally designated as a Medically Underserved Area/Medically Underserved Population (MUA/MUP) and a Health Professional Shortage Area (HPSA) for primary medical, dental, and mental health.[30] This designation takes into account primary care physician-to-population ratios; high need indicators such as poverty levels, rate of elderly population, infant death rate, rate of low birth weight; and barriers to accessing care.

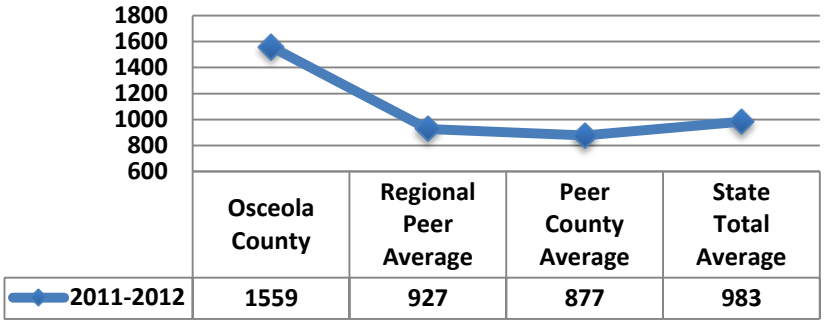
Inadequate access to health care services for Osceola County's residents is a combination of several factors: the lack of adequate numbers of health care providers in the county, particularly primary care; poor geographic distribution of existing primary care providers; limited hours health care services are available; and lack of insurance and/or the ability to pay. The lack of public transportation for some areas in the county also is a barrier that complicates access to routine timely health care. Difficulty accessing health services due to a lack of transportation was cited in a community survey where 12% of Osceola County residents reported that *"a lack of transportation made it difficult or prevented a health service visit in the past year."* Osceola's response rate was worse than regional respondents (8.4%).[31]

Osceola County's latest iteration of MAPP in 2009 identified several priority areas including a lack of primary care services, lack of chronic care services, and inappropriate emergency room (ER) utilization. The 2010-2012 data in this section of this *Osceola County Community Health Assessment* report serve to reaffirm the MAPP 2009 priority areas.

Primary Care Physicians

Ratio of Population for Every 1 Primary Care Physician

www.countyhealthrankings.org



- Osceola's ratio of 1,559 residents for every 1 primary care physician is significantly higher (worse) than the regional and county peers and the state average.
- Osceola's rate is more than double (worse than) the 2012 national benchmark of 631 residents for every 1 primary care physician.

Figure 67: Primary Care Provider Rate

- Osceola's dentist ratio is nearly double (worse than) the state average.
- The ratio for mental health providers is more than 6 times higher (worse) than the state average.

Table 31: Primary Care Provider Shortages - 2012
Ratio of residents for every one provider

	Osceola County	Florida
Dentists	4,879:1	2,525:1
Mental Health	22,217:1	3,441:1

Source: www.countyrankings.org

[30] U.S. Department of Health Human Services
[31] 2009 PRC Community Health Survey, Health Council of East Central Florida

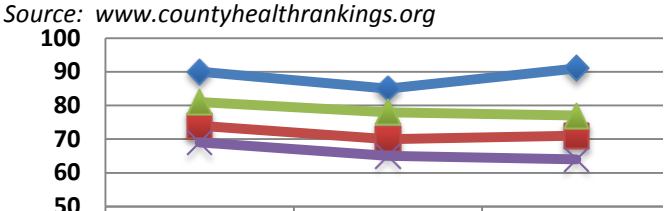
MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

PREVENTABLE HOSPITAL STAYS & INAPPROPRIATE ER UTILIZATION

Preventable Hospital Stays

Hospitalization Rate - Ambulatory Care Sensitive Conditions per 1,000 Medicare Enrollees

Source: www.countyhealthrankings.org



	2010	2011	2012
Osceola County	90	85	91
Regional Peer Average	74	70	71
Peer County Average	81	78	77
State Total Average	69	65	64

Figure 68: Preventable Hospital Stays

- Osceola's rate for preventable hospital stays is significantly higher (worse) than the regional and county peers and the state average of 64.
- Osceola's rate is nearly double (worse than) the 2012 County Health Rankings national benchmark of 49.
- Going to the ER is the easiest alternative many residents have in getting treatment for their ambulatory-care sensitive conditions that could have been more appropriately treated in a primary care medical home setting.

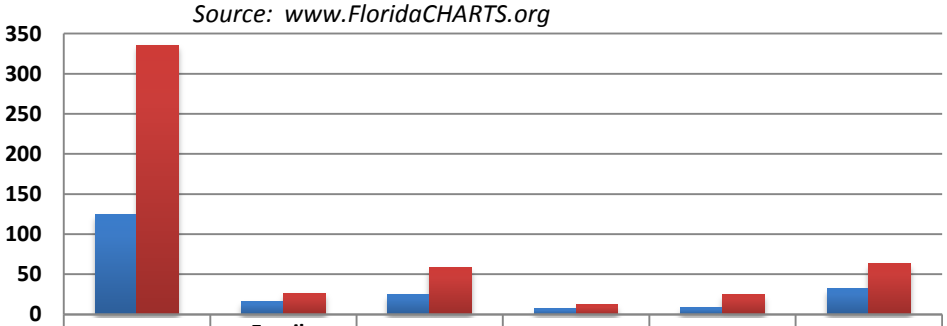
The priority areas identified in Osceola County's latest iteration of MAPP in 2009 included growing numbers of uninsured, lack of primary care services, lack of chronic care services, and inappropriate emergency room (ER) utilization. MAPP's findings are clearly validated by the data on primary care provider shortages and preventable hospital stays. In 2009, 82% of Osceola County's ER visits were considered avoidable; i.e. visits for those ambulatory-care sensitive conditions that could have been treated more effectively in a primary care medical home setting. The ER avoidable rate rose in 2011 to 83.3%.[32]

The cost of providing primary care services in a medical home setting is a fraction of the cost of providing similar services in the ER. The average ER charge in Florida for an ambulatory-care sensitive condition is approximately $1,253 for pediatrics and $2,936 for adults. This compares to the average cost of $151.62 in a primary medical home setting.[33] At Osceola County Health Department's FQHC health centers network, the cost for a primary care visit is $116.92.[34]

[32] Health Council of East Central Florida, Osceola County Health Profile 2009 & 2011
[33] AHCA Primary Care Access Networks, Annual Report February 2009
[34] Uniform Data System (UDS), 2011

MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

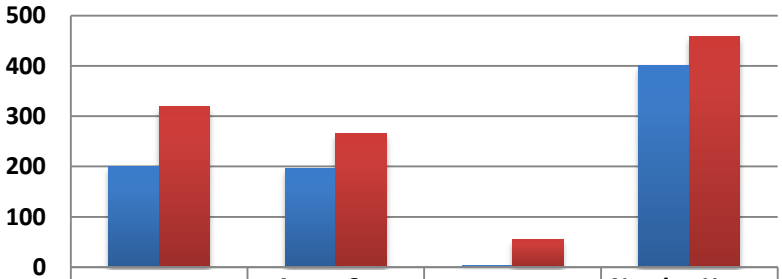
Health Providers per 100,000 Population
Year 2010
Source: www.FloridaCHARTS.org



	All Physicians	Family Physicians	Internists	OB/GYN	Pediatricians	Dentists
Osceola County	124.5	16	25.3	7.1	8.5	32.2
State Total Average	335.7	26.8	58.6	11.9	25.2	63.5

Osceola has fewer physicians, per 100,000 population, in all categories when compared to the state average. This fact likely has a more obvious negative impact on Osceola County's residents in population subsets considered at greater risk for health disparity. A decreased access to health care services, particularly preventive health care and chronic disease management, often contributes to inappropriate emergency room utilization for the treatment of ambulatory-care sensitive conditions that could be more effectively treated in a primary care medical home setting.

Available Health Care Facilities per 100,000 Population
Year 2010
Source: www.FloridaCHARTS.com



	Hospital Beds	Acute Care Beds	Specialty Beds	Nursing Home Beds
Osceola County	199.2	195.2	3.7	401.4
State Total Average	320.1	265	55.3	457.5

▼ Osceola's rate of available health care facilities is below the state average for each type of facility.

MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

HOSPITALIZATIONS

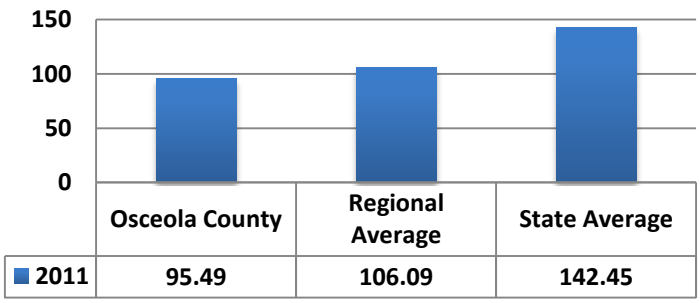
TABLE 32: HOSPITALIZATIONS	
Osceola Regional Medical Center	13,967
St. Cloud Regional Medical Center	4,375
Florida Hospital Celebration Health	4,366
Source: AHCA Discharge Data, April 2010-March 2011	

- Osceola Regional Medical Center is the largest hospital facility in the county, providing 61% of the inpatient services.

- Hospital discharge rate measures the utilization of health care in a given area.

Hospital Discharge Rate per 1,000 Population

Source: AHCA Discharge Data, April 2010-March 2011



- The rate is measured against a specific number, in this case per 1,000 population, to allow for differences in population sizes from one area to another.

- Osceola County's hospital discharge rate is below the regional and state averages, i.e. there is less utilization of hospital services.

Table 33: Hospital Discharge by Race & Ethnicity Osceola Regional Medical Center			
	Number of Discharges	**Average Charge per Discharge**	**Average Length of Stay (Days)**
All Races / Ethnicity	19,142	$53,781	4.1
White, non-Hispanic	5,614	$59,661	4.3
Black/African American	1,389	$50,308	4.2
Hispanic	6,483	$46,959	3.8
Source: AHCA Discharge Data, April 2010-March 2011 *Note for Clarification: This analysis was of the majority population subsets and did not include the 5,656 discharges listed for the population in other race/ethnicity groups or listed as "Unknown."*			

- In terms of potential health disparate population subsets: While more Hispanic residents utilized hospital services, their hospital charges and length of stay were less than other populations.

MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

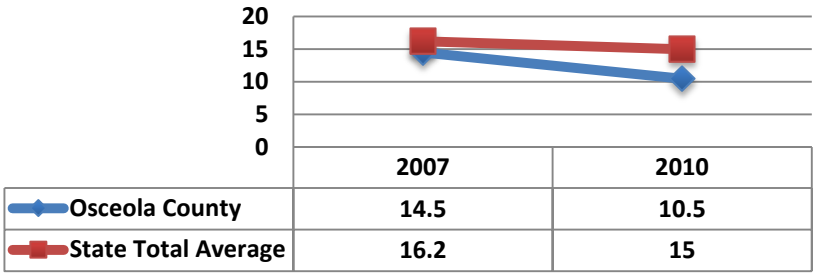
The Behavioral Risk Factors Surveillance System (BRFSS) is a state-based telephone survey designed to collect data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality. BRFSS was conducted by the Florida Department of Health's Bureau of Epidemiology in collaboration with the Centers for Disease Control and Prevention (CDC). The county-level report provides the local public health system with a wealth of data and information related to health status, health care access, lifestyle, chronic illnesses, and disease prevention practice.

In 2010, 570 adults in Osceola County participated in the survey. The report can be accessed at: http://www.doh.state.fl.us/disease_ctrl/epi/brfss/index.htm

BRFSS results for key health indicators relevant to this 2012 Osceola County Community Health Assessment are summarized in this section of the report.

ALCOHOL CONSUMPTION

Percent Adults Engaging in Heavy or Binge Drinking
Source: Florida Behavioral Risk Factor Surveillance Survey



	2007	2010
Osceola County	14.5	10.5
State Total Average	16.2	15

▼ Osceola's rate of adults engaging in heavy or binge drinking dropped at a steeper rate of decline than did the state average.

Figure 69: Heavy or Binge Drinking

In Osceola County, the population subsets that ranking the highest in heavy or binge drinking were the non-Hispanic Whites at 11.4%; non-Hispanic White women at 12.3%; and age groups 18-44 at 15.3%.

The HP 2020 national health target is to reduce the proportion of adults who drank excessively in the previous 39 days to 25.3%. ***Osceola's rate in 2010 of 10.5% is better than the HP 2020 goal.***

Excessive drinking, defined as binge plus heavy drinking, is one of the 2012 *County Health Rankings* indicators for "Healthy Behaviors." Osceola County ranked favorably at 14% compared to the state average of 16%.

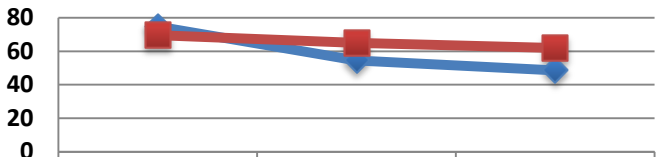
MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

CANCER SCREENING – WOMEN'S HEALTH

Mammogram in Past Year

Percent of Women ages 40 years & older

Source: Florida Behavioral Risk Factor Surveillance Survey



	2002	2007	2010
Osceola County	74.7	54.5	48.6
State Total Average	69.5	64.9	61.9

- Osceola's mammography rate has dropped significantly from 2002 to 2007.
- Osceola's rate of 48.6% in 2010 is worse than the state average of 61.9%.

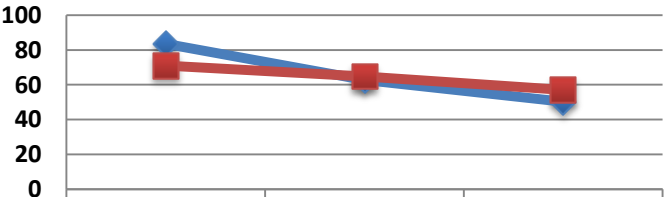
Figure 70: Mammogram Rates

The HP 2020 national health target is to increase the number of women who have received a breast cancer screening, based on the most recent guidelines in 2008, to 81.1%. Osceola's rate is worse than the HP 2020 goal.

Pap Smear Test in Past Year

Percent Women 18 years & older

Source: Florida Behavioral Risk Factor Surveillance Survey



	2002	2007	2010
Osceola County	83.5	62.8	50.3
State Total Average	71	64.8	57.1

- Osceola's Pap test rate has dropped significantly from 2002 to 2007.
- Osceola's rate of 50.3% in 2010 is worse than the state average of 57.1%.

Figure 71: Pap Smear Test Rates

The HP 2020 national health target is to increase the number of women who have received a cervical cancer screening, based on the most recent guidelines in 2008, to 93%. Osceola's rate of 50.3% in 2010 is significantly worse than the HP 2020 goal.

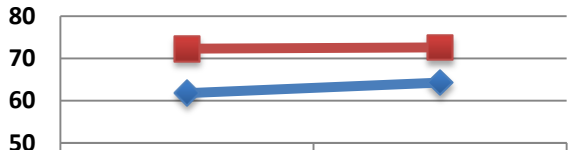
MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

CANCER SCREENING – PROSTATE

Percent Men 50 Years & Older Who Had a PSA

In Past Two Years

Source: Florida Behavioral Risk Factor Surveillance Survey



	2007	2010
Osceola County	61.8	64.3
State Total Average	72.3	72.6

Figure 72: PSA Test Rates

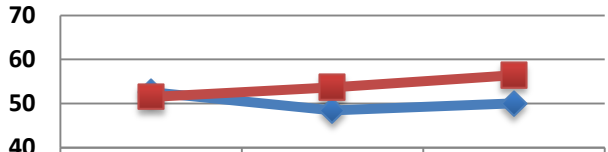
- Although Osceola's percent of men 50 years and older who had a PSA test has improved slightly from 2002 to 2007, it remains worse than the state average.

CANCER SCREENING - COLORECTAL

Percent Adults Who Had Colonoscopy/Sigmoidoscopy

In Past Five Years

Source: Florida Behavioral Risk Factor Surveillance Survey



	2002	2007	2010
Osceola County	52.6	48.4	50
State Total Average	51.5	53.7	56.4

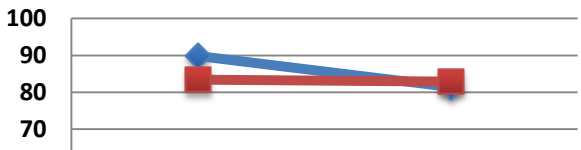
Figure 73: Colorectal Cancer Screening Rates

- Osceola's percent of adults who had a colonoscopy or sigmoidoscopy decreased slightly from 2002 to 2007.
- Osceola's rate was worse than the state average in 2007 and 2010.

HEALTH STATUS & QUALITY OF LIFE

Percent Adults With Good to Excellent Overall Health

Source: Florida Behavioral Risk Factor Surveillance Survey



	2007	2010
Osceola County	89.8	81.4
State Total Average	83.4	82.9

Figure 74: Good to Excellent Overall Health Rates

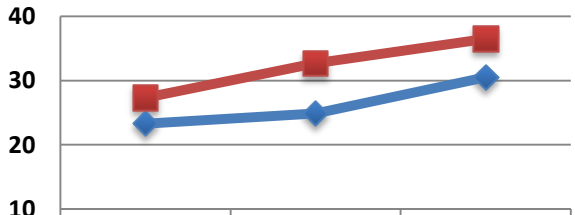
- Osceola's percent of adults who report they have good to excellent overall health decreased from 2007-2010.
- Osceola's rate was slightly worse than the state average in 2010.

MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

IMMUNIZATIONS

Percent Adults Who Received a Flu Shot in Past Year

Source: Florida Behavioral Risk Factor Surveillance Survey



	2002	2007	2010
Osceola County	23.3	24.9	30.5
State Total Average	27.3	32.7	36.5

Figure 75: Influenza Vaccination Rates

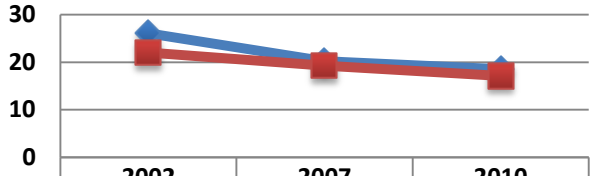
The HP 2020 national health target is to increase the percent of vaccinated non-institutionalized adults aged 18-64 years against seasonal influenza to 80%. Osceola's rate of 30.5% in 2010 is significantly worse than the HP 2020 goal.

- Although Osceola's overall trend for the rate of adults getting a flu shot has increased since 2002, it has remained below the state averages during the three measurement periods.
- Segmented by population subsets, Osceola's 2010 rate was better in non-Hispanic Blacks (36%), non-Hispanic Whites (34%), and ages 65 and over (56%). (Note: The graph represents all populations and is not segmented.)

TOBACCO USE & EXPOSURE

Percent Adults Who Are Current Smokers

Source: Florida Behavioral Risk Factor Surveillance Survey



	2002	2007	2010
Osceola County	26.1	20.2	18.5
State Total Average	22	19.3	17.1

Figure 76: Current Smoker Rates

As it relates to the adult population, the HP 2020 national health target is to reduce tobacco use in adults 18 years and older to 12%. Osceola's overall rate of 18.5% in 2010 is significantly worse than the HP 2020 goal.

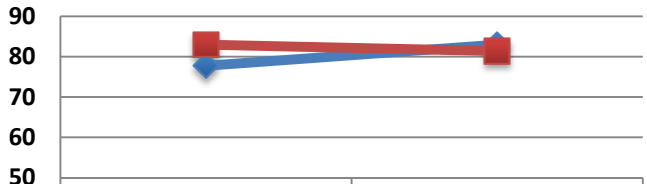
- Osceola's trend for the rate of adults who are current smokers has declined since 2002, it has remained worse than the state average for all three measurement periods.
- Segmented by population subsets (not shown on graph), Osceola's 2010 rate was worse in non-Hispanic Blacks (24%), non-Hispanic White Women (22%), age group 18-44 (20%), age group 45-64 (21%), and those with less than a high school education (35%).

MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

HEALTH CARE ACCESS & COVERAGE

Percent Adults With Any Type Health Insurance Coverage

Source: Florida Behavioral Risk Factor Surveillance Survey



	2007	2010
Osceola County	77.8	83
State Total Average	83	81.4

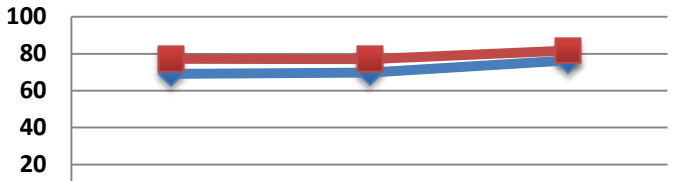
Figure 77: Health Insurance Coverage

- Osceola's rate of adults with any type of health insurance coverage increased since 2002. It is slightly better than the state average in 2010.
- When segmented by population subsets (not shown on graph), the rate was worse for those with less than high school education (68%), ages 18-44 (72%, ages 45-64 (77%), and those with less than $25,000 income (55%).

Other data sources show Osceola's ***uninsured*** rate in 2011 for the non-elderly (ages 18-64) was 32.7%, compared to Florida at 29.9%.[35]

Percent Adults Who Have a Personal Doctor

Source: Florida Behavioral Risk Factor Surveillance Survey



	2002	2007	2010
Osceola County	69.1	69.7	76.3
State Total Average	77.2	77.1	81.7

Figure 78: Adults Who Have a Personal Doctor

- Osceola's rate of adults who have a personal doctor increased since 2002. It remains lower (worse) than the state average for all three measurement periods.

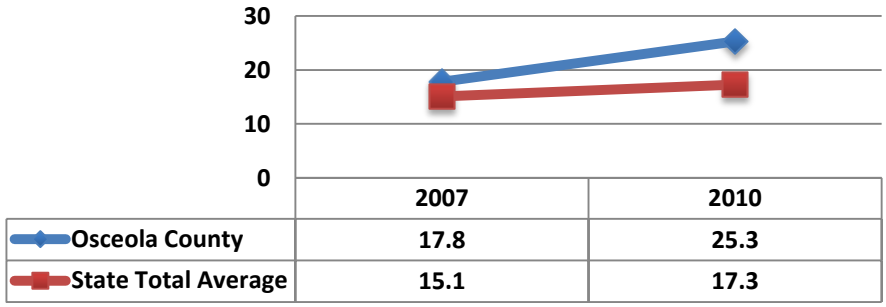
The HP 2020 national health target is to increase the proportion of persons with a usual primary care provider to 83.9%. Osceola's rate of 76.3% in 2010 is worse than the HP 2020 goal.

[35] Health Council of East Central Florida, Osceola County Health Profile 2012

MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

HEALTH CARE ACCESS & COVERAGE – CONTINUED

Percent Adults Who Could Not See a Doctor in Past Year
Due to Cost
Source: Florida Behavioral Risk Factor Surveillance Survey

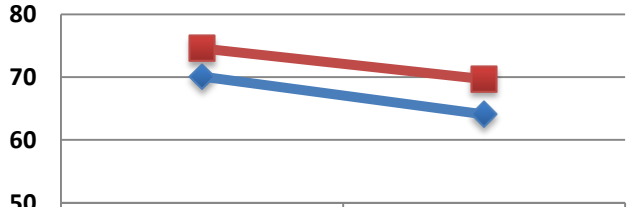


	2007	2010
Osceola County	17.8	25.3
State Total Average	15.1	17.3

Figure 79: Could Not See Doctor Due to Cost

- Osceola's rate of adults who could not see a doctor in the past year due to cost increased significantly since 2007. It has been worse than the state average for both measurement periods.
- When segmented by population subsets (not shown on graph), the rate was worse for women (31%), non-Hispanic Blacks (42%), Hispanics (39%), less than high school education (40%), ages 45-64 (33%), less than $25,000 income (39%), and income $25,000 to $50,000 (32%).

Percent Adults Who Had a Medical Check-up in Past Year
Source: Florida Behavioral Risk Factor Surveillance Survey



	2007	2010
Osceola County	70.1	64.1
State Total Average	74.6	69.7

Figure 80: Medical Check-Up Rates

- Osceola's rate for adults who had a medical check-up in the past year decreased significantly since 2007.
- It has remained lower (worse) than the state average for both measurement periods.

MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

HEALTH CARE ACCESS & COVERAGE - CONTINUED

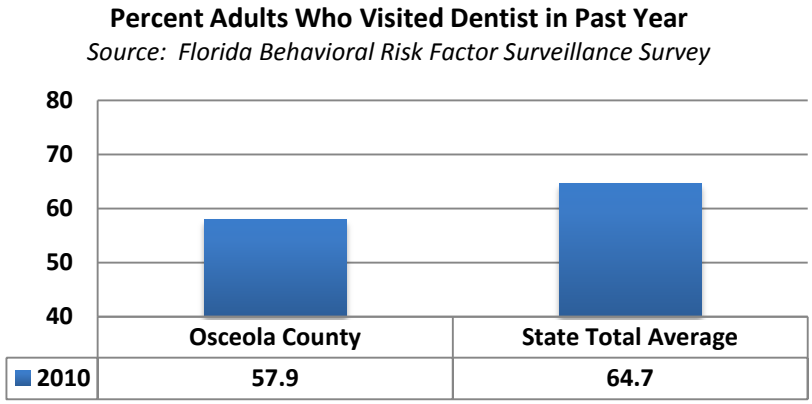


Figure 81: Dental Visit Rates

- Osceola's rate of adults who visited a dentist in the past year is lower (worse) than the state average.
- When segmented by population subsets (not shown on graph), the rate is worse for non-Hispanic Blacks (53%), Hispanics (52%), Hispanic women (39%), less than high school (28%), and less than $25,000 income (37%).

REACTIONS TO RACE / ETHNICITY

A new measure added to the BRFSS survey in 2010 was related to health care access in terms of race and ethnicity. This measure potentially speaks to the issue of health disparity for certain population groups in Osceola County. The "Yes" response rates are shown in the graph below, for the state and Osceola County overall. Then below that are Osceola responses segmented by population subsets.

Question: Do you think you would get better medical care if you belonged to a different race or ethnic group?

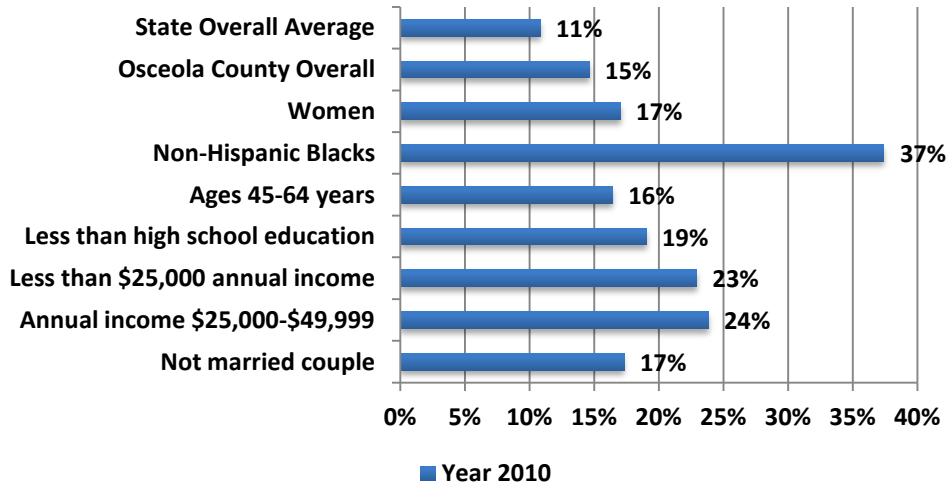


Figure 82: Reactions to Race & Ethnicity

MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

HEALTH & THE BUILT ENVIRONMENT - THE SOCIAL DETERMINANTS OF HEALTH

The *County Health Rankings* defines the built environment as human-made (versus natural) resources and infrastructure designed to support human activity. This includes buildings, roads, parks, restaurants, grocery stores, and other amenities. A community's residents can be affected in multiple ways by the characteristics of the built environment. By having better information on the availability of healthy food and recreational facilities within the built environment, communities will be able to take action to reduce the adverse health outcomes associated with poor diet, lack of physical activity, and obesity. [36]

Table 32: Percent of County with Access to Healthy Food Outlets		
	2010 Ranking	2011 Ranking
Osceola County	53%	82%
Peer Counties Average	50%	75%
State Total Average	50%	82%
National Benchmark	60%	92%
Source: www.countyrankings.org		

The *County Healthy Rankings* defines access to healthy food outlets as the percent of zip codes in a county with healthy food outlets. These outlets include grocery stores with more than 4 employees, produce stands, and farmer's markets. The *County Health Rankings* suggest that unequal distribution of supermarkets and smaller grocery stores in minority and low-income neighborhoods can limit residents' access to healthy, affordable food choices. There is a greater likelihood of obesity and lower dietary quality when residents are more likely to purchase their food from convenience stores and fast food outlets.

Although Osceola County's access to health food outlets improved from 53% in 2010 to 82% in 2011, the rate is below (worse than) the national benchmark of 92% in 2011. The national benchmark is set at the 90th percentile, and only 10% of counties nationwide are better.

Table 33: Fast Food Restaurants	
	2012 Ranking
Osceola County	48%
Peer Counties Average	48%
State Total Average	45%
National Benchmark	25%
Source: www.countyrankings.org	

The *County Health Rankings* fast food restaurants measure, new for 2012, is defined as the percent of all restaurants in a county that are fast food establishments. The *County Health Rankings* report suggests the correlation between an increase in obesity and diabetes prevalence with an increase in access to fast food outlets.

Osceola County has more fast food available than the state average and significantly more than the national benchmark.

[36] 2012 County Health Rankings

MAPP ASSESSMENT 4: COMMUNITY HEALTH STATUS – CONTINUED

THE SOCIAL DETERMINANTS OF HEALTH - CONTINUED

This measure is defined as the rate of recreational facilities per 100,000 population. Included are facilities such as parks, sports fields, biking trails, public pools, and playgrounds. The *County Health Rankings* reports on studies which have demonstrated that proximity to places with recreational opportunities is associated with higher physical activity and lower obesity levels. Access to recreational facilities is more than three times greater in the peer counties and the state when compared to Osceola County.

Table 34: Access to Recreational Facilities

	2011 Ranking	2012 Ranking
Osceola County	3	3
Peer Counties Average	11	11
State Total Average	9	9
National Benchmark	17	16

Source: www.countyrankings.org

The Community Balanced Scorecard

As described in the previous section entitled *Overview of Mobilizing for Action through Planning and Partnerships (MAPP) and Community Balanced Scorecard (CBSC),* pages 16-20, the collaborative partnership utilized the CBSC overarching concept to do the following:

1. Build upon the four MAPP assessments that were described in Phase 3 of this Community Health Assessment report.
2. Complete the final three phases of the MAPP process, including the Identification of Strategic Issues (MAPP Phase 4), Formulate Goals and Strategies (MAPP Phase 5), and Take Action –Plan/Implement/Evaluate (MAPP Phase 6).

The work the partnership did during the *Osceola Summit on Health 2010*, pages 22 and 32-37, set the framework for continuing the process during the *Osceola Summit on Health 2011 – The Sequel;* which will be described in this section. These activities enabled the partnership to move toward the next process--the **Community Health Improvement Plan (CHIP)**, which will be documented in a companion report.

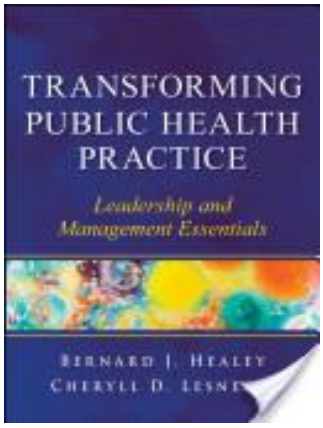
Community Balanced Scorecard Background

In 2009, Osceola County Health Department was one of five local health departments nationwide to be selected by the Results That Matter Team of Epstein & Fass Associates, to participate in Stage 1 of a Community Balanced Scorecard pilot project. The goal during Stage 1 was to develop a Strategy Map to address a complex public health issue. The Strategy Map is the first step in developing a Community Balanced Scorecard and it shows the logical progression toward achieving desired outcomes. Participating with Osceola County Health Department were Community Vision and the Health Council of East Central Florida. This partnership will hence be referred to as the Core Group.

The Results That Matter Team selected Osceola's Core Group from the five local health departments to advance to Stage Two of the project. During Stage Two, the Core Group, under the auspices of the Osceola Health Leadership Council, gathered a broader collaborative of community partners to continue on beyond strategy mapping to develop a more complete Community Balanced Scorecard. The work started by the Results That Matter Team and the Core Group served as the foundation of the *Osceola Summit on Health 2010.* The Summit was hosted by the Osceola Health Leadership Council and Community Vision and was facilitated by the Results That Matter Team.

Our use of MAPP and CBSC processes has been so effective that it was featured in a National Association of County and City Health Officials (NACCHO) nationally broadcast webinar entitled "*CBSC to Make MAPP Partnerships More Effective."* Presenting in the webinar were Paul Epstein, Results That Matter Team of Epstein & Fass Associates; Belinda Johnson-Cornett, Osceola County Health Department's Administrator; and Dr. Karen van Caulil, Health Council of East Central Florida. NACCHO has released this information in a series of online stories at *www.naccho.org/topics/infrastructure/MAPP/mappcbscwebcast.cfm.*

The group's work was selected as a presentation at the Association for Community Health Improvement's 2010 national conference. Belinda Johnson-Cornett, Osceola County Health Department's Administrator and Donna Sines, Community Vision's CEO, presented our CBSC process and how it aligned Osceola's community collaborative activities.



Additionally, our work has been included in a public health textbook, *Transforming Public Health Practice, Leadership and Management Essentials, by Bernard J. Healey and Cheryl D. Lesneski, August 2011.* The book focuses on developing a foundation in public health practice and management that can be translated into practical performance in the public health world's actual work environment. Our collaborative partnership's work in the MAPP and CBSC processes is highlighted in *Case Study 5: The Power of Data: Osceola County Secures Federally Qualified Health Center, page 337-340, Julia Joh Elligers.*

Community Balanced Scorecard Concept

The ***COMMUNITY BALANCED SCORECARD*** (CBSC) is a strategic planning and management system to align the collaborative efforts of community partners and focus them on achieving priority public health outcomes. MAPP and CBSC are highly complementary approaches that, when used together, can reinforce each other to produce measurable improvements in the public health system and in community health outcomes.

CBSC strengthens the MAPP process, and MAPP makes CBSC more effective. CBSC improves the use of MAPP assessments; provides stronger focus of MAPP strategies and plans; helps increase partner commitments and accountability in the action cycle; and increases the rigor of evaluation.[37]

The CBSC concept enabled Osceola's health partnership to view our community through four different lenses called "perspectives" that are arranged in an ascending logical progression. The arrows demonstrate the assumed cause-and-effect logic of a CBSC from the bottom (causes or drivers) to top (results or outcomes).

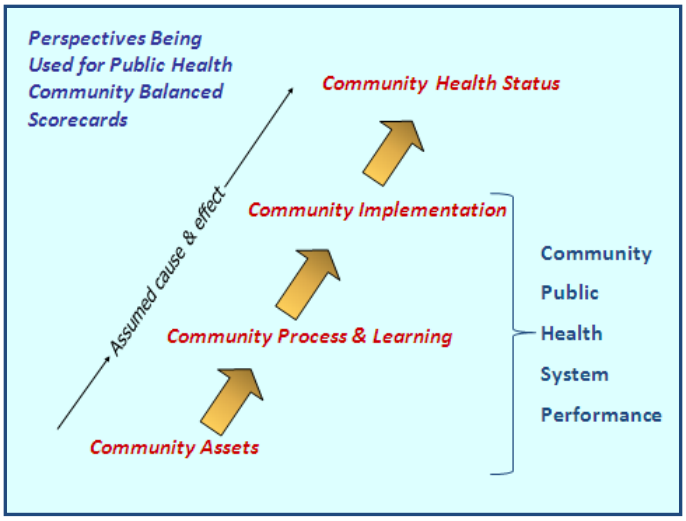


Figure 83: Community Balanced Scorecard (CBSC) Concept, Results That Matter Team, Epstein & Fass Associates

By looking backward on the ***four CBSC perspectives*** from the ultimate goal to the foundation of the system, there is evidence of a logical progression:

Community Health Status includes population health outcomes, *which are improved by:*
Community Implementation including improvements in service quality and access; enforcement; investigation; response to threats; and health promotion *which are made more effective by:*
Community Process and Learning including improvements in policies and plans; evaluation; health status monitoring; evidence-based research; and the MAPP process, *which are made more effective by:*
Community Assets including improvements in engagement of community members and public health partners; public health workforce competence; system and organization capacity; and development of resources.[38]

[37] Results That Matter Team, Epstein & Fass Associates
[38] Excerpt from presentation by Results That Matter Team, Epstein & Fass Associates

Community Balanced Scorecard Methodology

The Strategy Map – First Step in CBSC Process

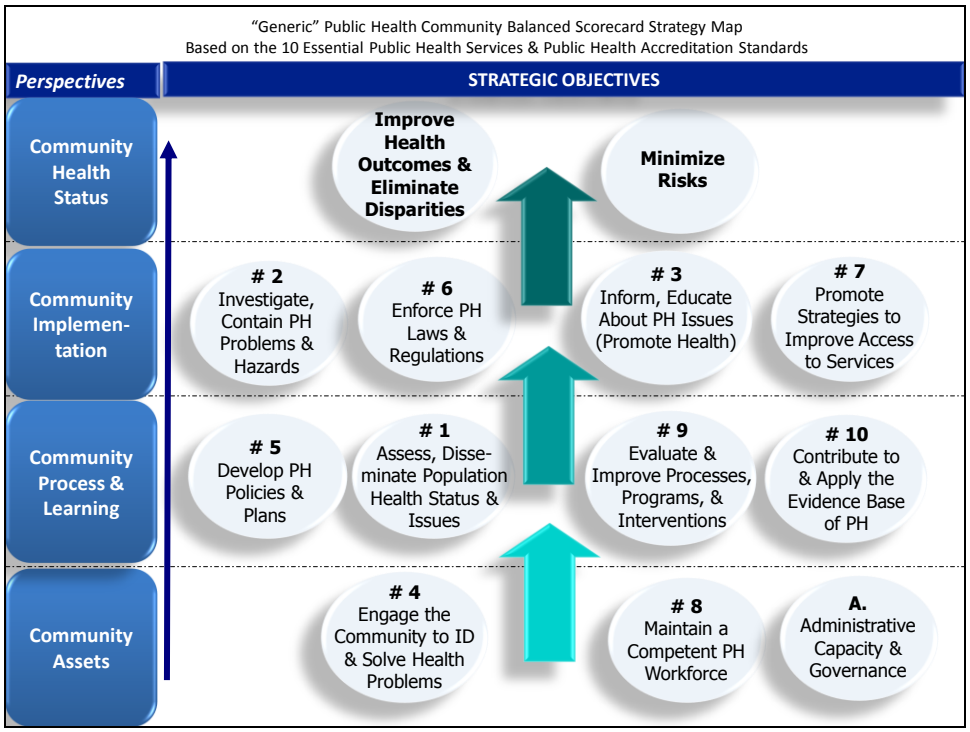


Figure 84: Public Health Strategy Map ***(slide compliments of Results That Matter Team)***

Figure 84 above represents a high-level Strategy Map that shows how the CBSC's four perspectives work for public health. The strategic objectives (bubbles) for the lower three perspectives are the *10 Essential Services of Public Health*. These strategic objectives also align with and are very similar to the *Public Health Accreditation* standards. The only outlier not aligned with both the 10 Essentials and Public Health Accreditation, is in the lower right corner--the Public Health Accreditation standard for Domain 11: "A. Administrative Capacity & Governance."

These strategic objectives align across the set of four CBSC perspectives to form a template for a **Public Health Community Balanced Scorecard**.[39]

The CBSC Strategy Map provides a clear path for how we can build on community assets and focus policies, services, and quality improvements to achieve our goals.

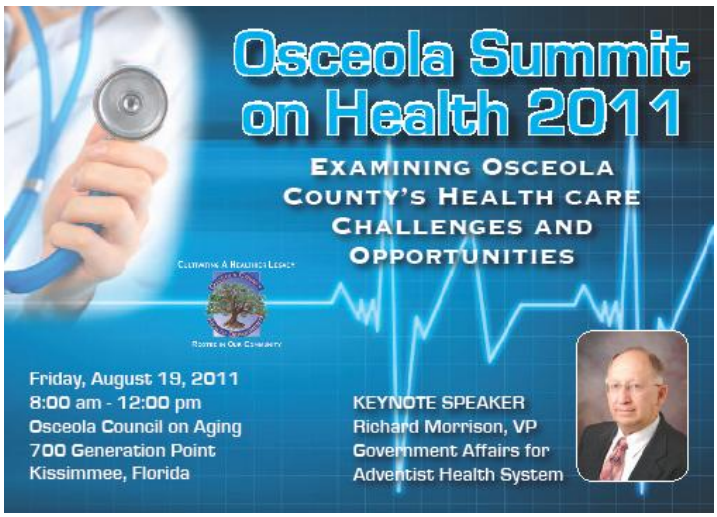
[39] Results That Matter Team of Epstein & Fass Associates

During *MAPP Phase 4*, using the list of challenges and opportunities generated from each of the four MAPP assessments (presented in the sections above), associated strategic issues are identified. It is the linkage to this phase in which the Osceola Health Leadership Council, the Core Group, and a variety of community partners developed Osceola's Community Balanced Scorecard. Our CBSC identified the most critical issues that must be addressed in order for our community to achieve our vision. The CBSC also was used to link the identified strategic issues to the next MAPP phase, to Formulate Goals and Strategies.

The CBSC relates to MAPP Phase 4 by:

- Selecting one or more MAPP-identified strategic issues as large-scale "themes" of the Community Balanced Scorecard.
- Each selected MAPP strategic issue becomes the focus of a CBSC "*Strategy Map*" in the next MAPP phase, to Formulate Goals and Strategies.

AT THE OSCEOLA SUMMIT ON HEALTH 2011 – *THE SEQUEL*



The ***Osceola Summit on Health 2011 – The Sequel*** was a follow-up in continuing the work of the first Summit in 2010. There were over 75 health care professionals, government leaders, non-profit leaders, service providers, business owners, faith-based organizations, grass-roots leaders, and citizens of Osceola County in attendance at the Summit. While most had participated in the first Summit, there were new attendees invited who had critical roles in the community that would further compliment the collaborative partnership. Members of the Osceola Health Leadership Council also were key participants in the Summit. Community Vision hosted the event.

Summit participants used the raw material created from the four MAPP assessments to begin development of the CBSC's first step--the *Strategy Map*. Experience from the MAPP assessments provided knowledge of data sources and measurement issues that were important for developing and using the CBSC. Participants considered these questions:

1. *What is occurring or might occur that affects the health of our community or the local public health system?*
2. *What specific threats or opportunities are generated by these occurrences?*

FACTORED INTO THE DEVELOPMENT OF THE COMMUNITY BALANCED SCORECARD

A. Summit participants considered the three "themes" that had emerged from the first Summit in 2010 as priorities to focus on for the implementation phase:
    1. Access to Specialty and Comprehensive Care
    2. Enrollment in a Primary Care Medical Home
    3. Adopt Evidenced-based Care and Sustain Best Practices
B. From the Forces of Change MAPP assessment, Summit participants determined the three key areas that would have an impact on the success of long-range goals to support the community's vision:
    1. Availability of health care resources
    2. Prevention and wellness / health equity
    3. Insufficient coordination among agencies
C. In all three MAPP iterations, **"access to care"** was identified as a major strategic issue.

STRATEGY MAPS – PRECURSOR TO THE COMMUNITY BALANCED SCORECARD

The following section documents Strategy Maps developed from work at both Summits, previous MAPP iterations, and the MAPP four assessments.

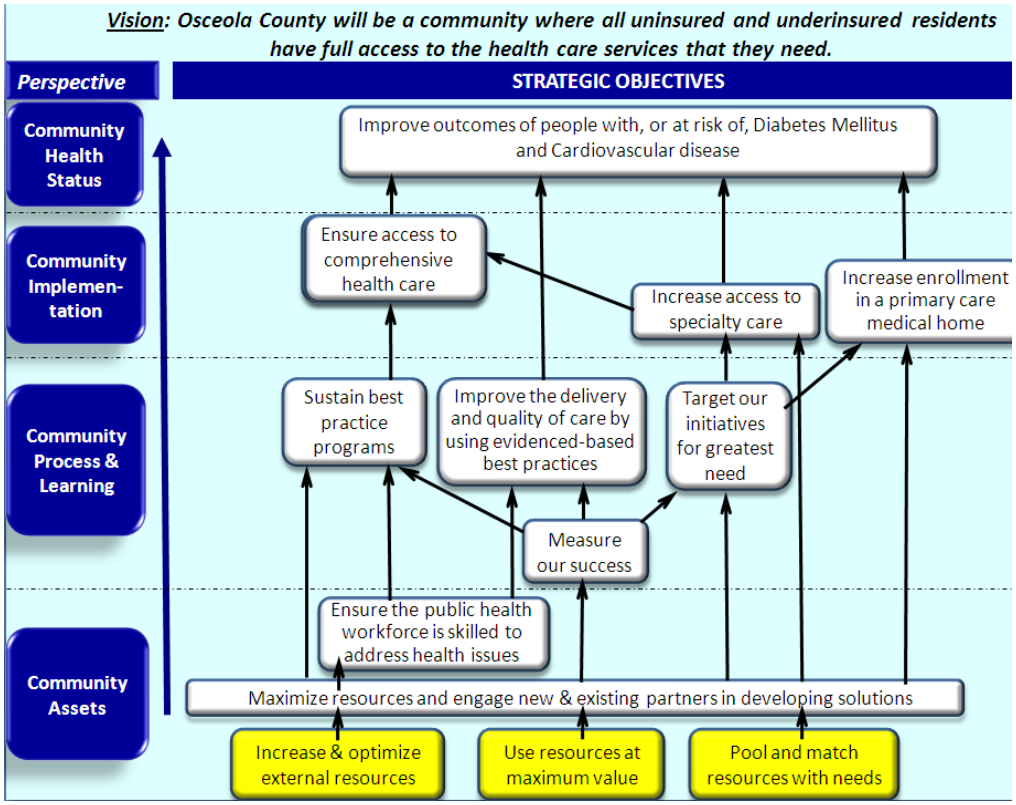


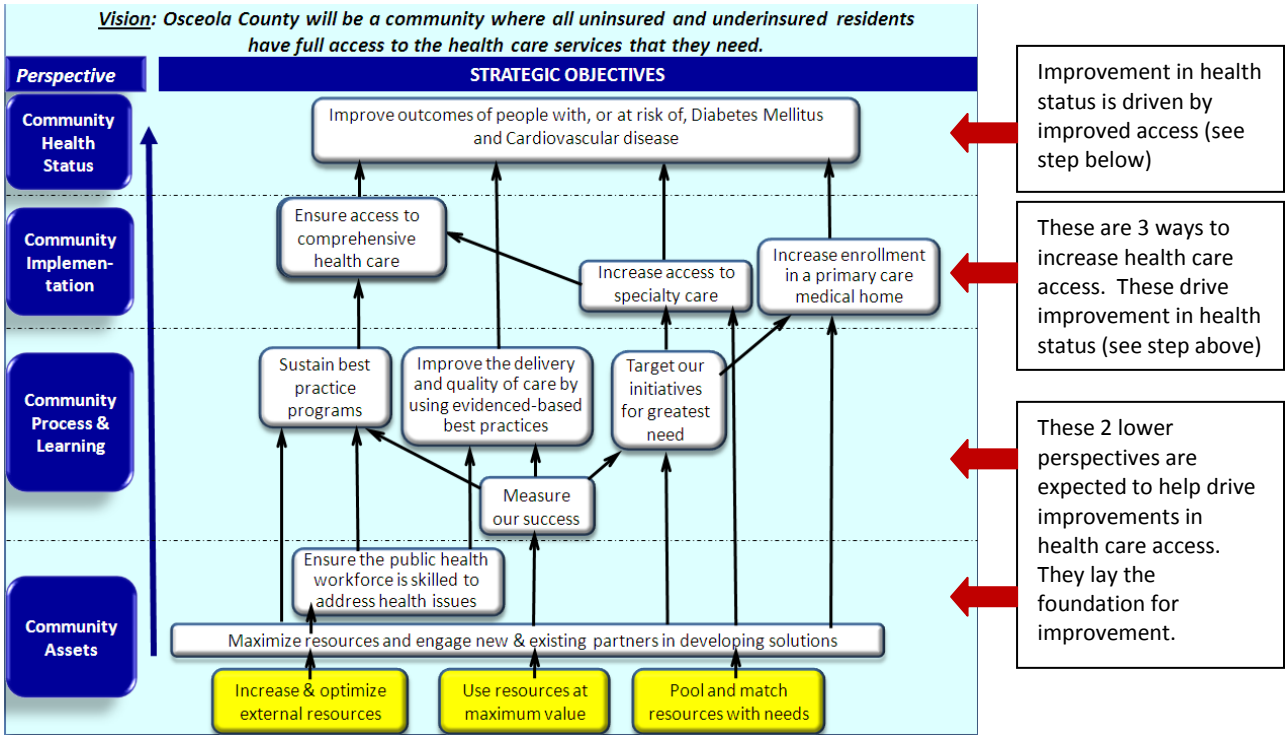
Figure 85: Osceola High Level Strategy Map

- Strategy Map is the heart of a CBSC; a graphic representation.
- Osceola's high level Strategy Map depicts the community's vision, or large scale strategic issue: ***"Improving access to care for the uninsured and underinsured."***
- ***"Improving outcomes of people with, or at risk of, diabetes and cardiovascular disease"*** is our health status indicator.
- Visually depicted is the interrelationship of strategic objectives across the 4 CBSC perspectives. The white boxes represent strategic objectives, and arrows show cause and effect logic.

MAPP encourages communities to choose *large-scale* systemic issues as the focus of improvement, with goals to improve the performance of the public health system. While MAPP does intend that health status outcomes improve over the long-term in ways more sustainable than short-term fixes, the focus is on changes in the underlying system so as to better support health outcomes. MAPP's focus works well in the CBSC since performance in the three lower CBSC perspectives (Community Assets; Community Process & Learning; and Community Implementation) can be defined in ways that address the public health system. The top CBSC perspective (Community Health Status—diabetes and cardiovascular disease) is what we expect to improve if our health system improvements are achieved. Osceola's high level Strategy Map shows the community's vision, **access to care for the uninsured and underinsured**, as the large-scale systemic issue. In summary, ***we expect diabetes and cardiovascular health outcomes will show improvement if residents have improved access to care.***

The graphic below depicts Osceola's high level Strategy Map broken down into its separate components, for ease of understanding the role of each part:

Vision: Osceola County will be a community where all uninsured and underinsured residents have full access to the health care services that they need. (A systemic issue.)



- The three lower perspectives (Community Assets; Community Process & Learning; and Community Implementation) address the public health system as a whole.

STRATEGY MAPS AT THE THEME LEVEL

Based on the high level Strategy Map (depicted on preceding page) we drafted more detailed strategy maps for each of the **"three themes"** developed at the Summits:

1. Access to Specialty and Comprehensive Care
2. Enrollment in a Primary Care Medical Home
3. Adopt Evidenced-based Care and Sustain Best Practices

Note that at this more detailed level, each Theme Strategy Map has additional strategic objectives, shown in yellow. The objectives that most represent one of the "**three themes"** are shown in light blue. The additional objectives were based on an analysis of ideas from the Summits.

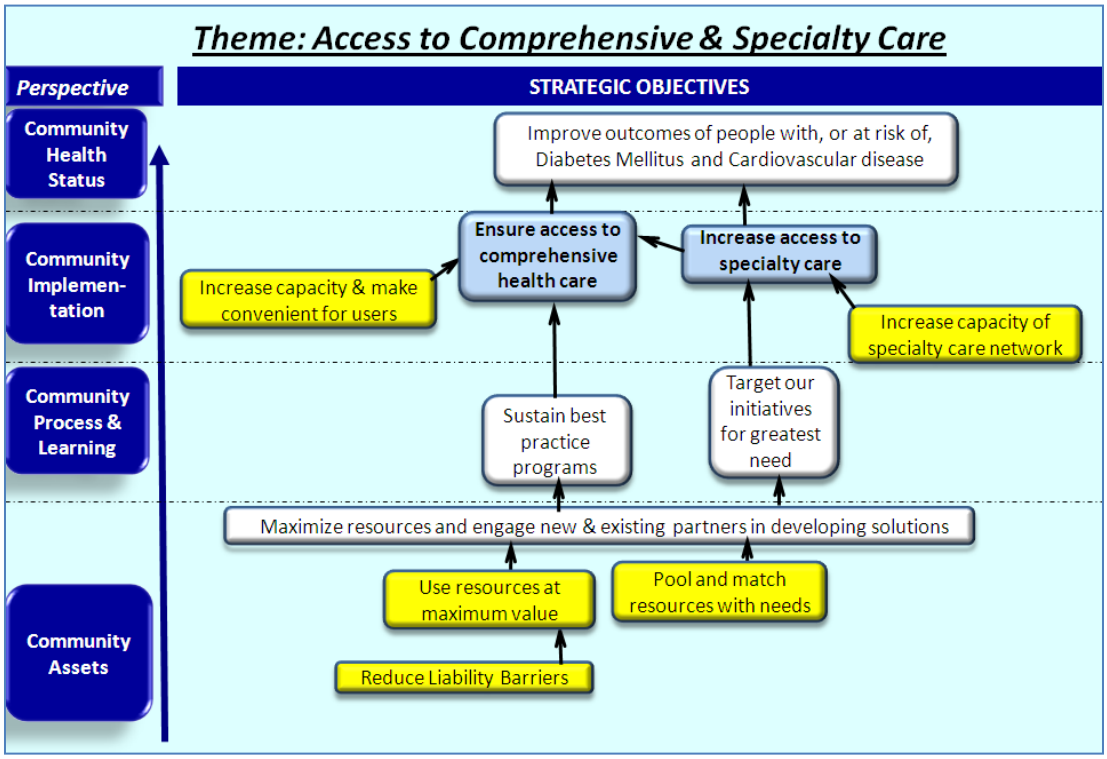


Figure 86: Theme 1: Access to Specialty & Comprehensive Care

▼ The result of these more detailed **"theme strategy maps"** from the Summits is particularly valuable in that it helps take our strategy down to "ground level" where projects and programs are actually implemented.

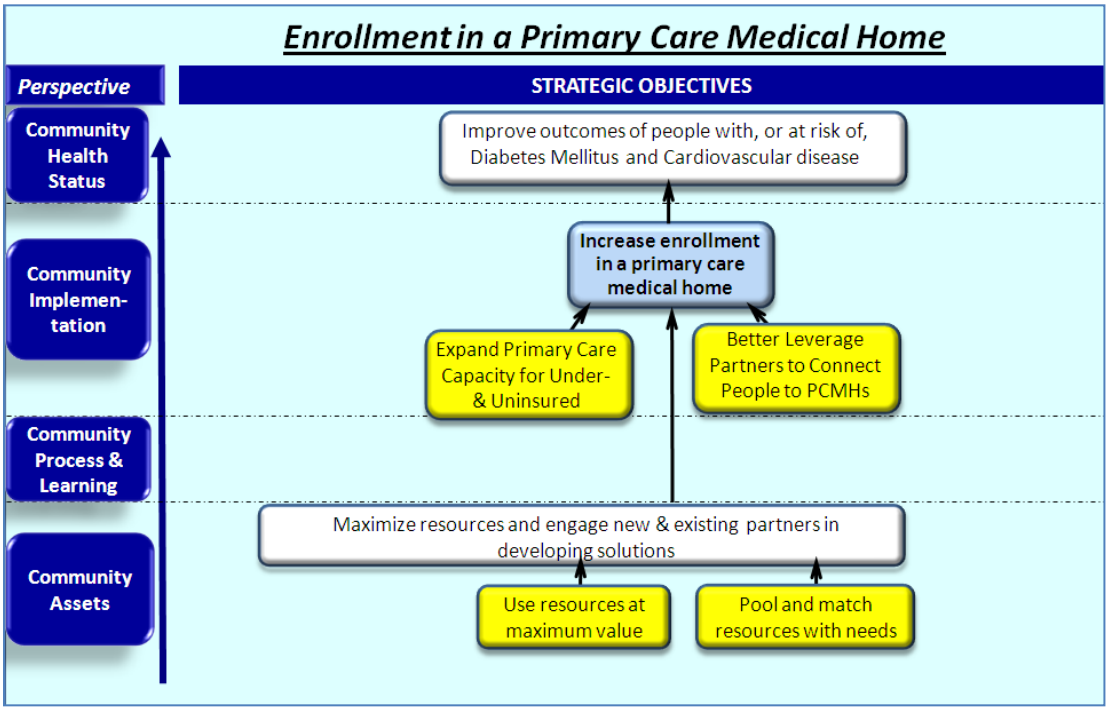


Figure 87: Theme 2: Enrollment in a Primary Care Medical Home

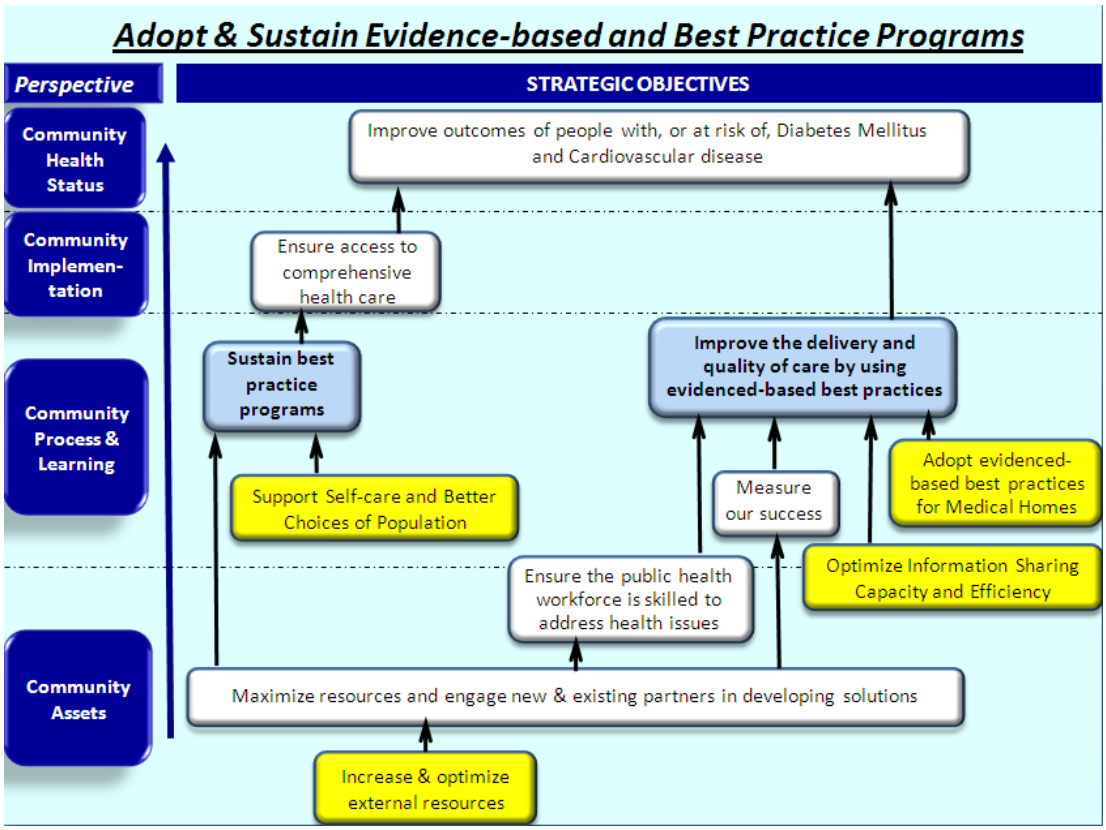


Figure 88: Theme 3: Adopt & Sustain Evidence-based and Best Practice Programs

MAPP Phase 5: Formulate Goals & Strategies

During *MAPP Phase 5*, goals and strategies were formulated for each of the strategic issues identified in Phase 4. Goals and strategies provide a connection between the current reality and the community's vision. Together, the goals and strategies provide a comprehensive picture of how local public health system partners will achieve a healthy community. In developing goals and strategies, we looked at the following questions:

- Goals -- What do we want to achieve by addressing this strategic issue?
- Strategies -- How do we want to achieve it? What action is needed?

Community Balanced Scorecard – High Level

Using the **Theme Strategy Maps** (on the two preceding pages) as a guide, the following high level Osceola County **Community Balanced Scorecard** was developed. Included are strategies in each of the four CBSC perspectives:

Table 35: Osceola County Community Balanced Scorecard – High Level

4.0 Community Health Status Strategy 1: Improve Diabetes health outcomes Strategy 2: Improve Cardiovascular health outcomes	**3.0 Community Implementation** Strategy 1: Expand primary care capacity for uninsured / underinsured residents Strategy 2: Increase referrals to connect residents to Primary Care Medical Home Strategy 3: Increase capacity of specialty care network
2.0 Community Process & Learning Strategy 1: Improve delivery & quality of health care using evidence-based best practices	**1.0 Community Assets** Strategy 1: Improve utilization of available resources

MAPP Phase 6: Action Cycle: Plan, Implement, Evaluate

This critical three-year action cycle of *MAPP Phase 6* is a continuous and interactive process that ensures the success of the MAPP and CBSC activities. We are using the CBSC to implement the actions and capture performance data that will add rigor to our evaluation, hold partners accountable for results, and provide data for reviewing actions and improving plans as the action cycle unfolds. Progress will be reported and evaluated during routine Osceola Health Leadership Council meetings.

Note: A more detailed Community Balanced Scorecard is presented in this Community Health Assessment's companion document entitled "Osceola County's **Community Health Improvement Plan (CHIP)**."

Osceola County Health Leadership Council
August 2012

Catholic Charities of Central Florida
Community Vision
Florida Blue
Florida Hospital
Health Council East Central Florida
Healthy Start of Osceola
Hispanic Health Initiatives
Nemours Children's Hospital
Osceola Council on Aging
Osceola County Board of Commissioners
Osceola County District Schools
Osceola County Health Department
Osceola County Fire Rescue & EMS
Osceola County Human Services
Osceola Regional Medical Center
Park Place Behavioral Health Care
St. Cloud Regional Medical Center